

FOCOS

SECOND ANNUAL

Leadership Gala

Please RSVP by September 15, 2009

MONDAY, OCTOBER 5, 2009
THE MARRIOTT MARQUIS HOTEL
NEW YORK CITY

Please reserve:

_____	Diamond Table	\$100,000
_____	Platinum Table	50,000
_____	Gold Table	25,000
_____	Silver Table	10,000
_____	Bronze Table	5,000

All tables seat 10

_____ Tickets @ \$500 per person for a total of
\$ _____.

_____ I am unable to attend, but enclosed is a
tax-deductible gift of \$ _____.

Please print name as you wish to be listed

Name _____ Company _____

Address _____ City/State/Zip _____

Phone (Day) _____ E-mail _____

Please bill my: American Express MasterCard Visa

Credit Card # _____ Expiration Date _____ Security Code _____

Amount \$ _____ Signature _____ Date _____

If your company matches your contribution, please enclose the required form.

The following guests are to be seated at my table:

All tables seat 10

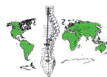
Host _____

Guests _____

*For additional information, please contact
Donna Buscarello at 212-774-2663.*

Reservations will be held at the door.

www.orthofocos.org



**FOUNDATION OF ORTHOPEDICS
AND COMPLEX SPINE**

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