Text

Description automatically generated with medium confidence

**Meal Ticket Order Form**

**Deadline: Friday, July 1**

**No tickets will be sold in Boston!**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Purchaser/Contact Name** | | | |  | | | | | | | |
| **Affiliate/Local Name** | | |  | | | | | **Local Number** | | |  |
| **Home Address** | |  | | | | **City, State, ZIP** |  | | | | |
| **Email** |  | | | | **Cell** |  | | | **Work** |  | |

**ordering and payment:**

* **Credit card** *(Mastercard or Visa only)*Email completed form with payment information to [mealtix@aft.org](mailto:mealtix@aft.org).
* **Check or money order** *(payable to AFT)*  
  Mail completed form and payment to: AFT Membership / Meal Ticket Sales  
   555 New Jersey Ave. N.W., Washington, DC 20001

**IMPORTANT INFORMATION:**

* All meal functions will take place at the Boston Convention and Exhibition Center.
* Pick up prepaid tickets at the registration counter marked “Meal Tickets” in Hall B1.
* The group contact must pick up all tickets. Tickets will be issued only to the person listed above.
* **No tickets will be available for purchase in Boston.** **Orders must be received by Friday, July 1.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Meal Function** | **Price** | **No. of Tickets** | **Total** |
|  | | | |
| **AFT Public Employees Jim McGarvey Breakfast**  Friday, July 15, 7:30 a.m. – plated breakfast | **$25 per person**  advance purchase only |  |  |
|  | | | |
| **AFT PSRP Breakfast**  Friday, July 15, 7:30 a.m. – buffet breakfast | **$25 per person**  advance purchase only |  |  |
|  |  |  |  |
| **AFT Nurses and Health Professionals Breakfast**  Friday, July 15, 7:45 a.m. – plated breakfast | **$25 per person**  advance purchase only |  |  |
|  |  |  |  |
| **AFT Human Rights Luncheon**  Friday, July 15, 12:30 p.m. – plated luncheon | **$35 per person**  advance purchase only |  |  |
|  | | | |
| **AFT Women’s Rights Breakfast**  Sunday, July 17, 7:30 a.m. – plated breakfast | **$25 per person**  advance purchase only |  |  |
| **Total Amount Due** | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Payment Information** *(see ordering and payment options above)* | | | | | | | | | | | | |
|  | Check/money order enclosed (made payable to AFT) in amount of | | | | | | | $ | | Check No. | |  |
|  | Charge my Mastercard | | | |  | | Charge my Visa | | | | | |
|  | Name (as it appears on card) | | | | |  | | | | | | |
|  | Billing Address |  | | | | | | | | | | |
|  | Credit Card Number | |  | | | | | | Expiration Date | |  | |
|  | Signature of Cardholder | | |  | | | | | | | | |