

**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.
* **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 |       |