



JEWISH PARENTS INSTITUTE

**TICKET FORM**



THE CENTER

**FOR STEM CELL RESEARCH FORUM**

Please fill out neatly & completely

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**TICKET INFORMATION:**

- LECTURE ONLY \$10 \_\_\_\_\_ number of tickets
- LECTURE & DESSERT RECEPTION \$18 \_\_\_\_\_ number of tickets
- BRONZE \$100 (includes 2 tickets with priority seating & dessert reception)

TOTAL AMOUNT INCLUDED: \_\_\_\_\_

Payment form:  *My check is enclosed (made payable to JPI)*

Visa/MC number \_\_\_\_\_

Expiration date (month/year) \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

JPI – Stem Cell Research Forum  
 c/o Jewish Community Center of Metropolitan Detroit  
 6600 W. Maple Road  
 West Bloomfield, MI 48322

**THANK YOU FOR YOUR SUPPORT!**