

# The Karen Organization of Minnesota's 2019 Annual Gala



Karen Organization of Minnesota  
 ကိုယ်တို့အဖွဲ့သည် ကိုယ်တို့အဖွဲ့၏ နေရာအားဖြင့်  
 ဖွဲ့စည်းပေးခဲ့ပြီး ကိုယ်တို့အဖွဲ့၏ နေရာအားဖြင့်  
 ဖွဲ့စည်းပေးခဲ့ပြီး ကိုယ်တို့အဖွဲ့၏ နေရာအားဖြင့်

## 2019 INDIVIDUAL REGISTRATION FORM

Please complete all fields in this form and return the completed form to the Karen Organization of Minnesota by **Friday, September 20<sup>th</sup>** to reserve your tickets to KOM's Annual Gala on October 10<sup>th</sup>. Kindly mail your completed registration form and check to:

**Attn: Frank Hennick, Karen Organization of Minnesota, 2353 Rice St., Suite 240, Roseville, MN 55113.**

Contact Information			
Attendee Name:			
Mailing Address:			
City:		State:	ZIP:
Phone Number:	Email Address:		

Ticket Information			
Category	Number of Tickets	Ticket Price Subtotal	Payment Method: (Please check one)
Adult (\$70/ticket*)			<input type="checkbox"/> <b>Check enclosed</b> (Please make checks payable to <b>Karen Organization of Minnesota with 2019 Gala</b> in the memo line.)  <input type="checkbox"/> <b>Credit card</b> (Make a secure payment via PayPal at: <a href="https://www.mnkaren.org/event/2019-annual-gala/">https://www.mnkaren.org/event/2019-annual-gala/</a> )
Senior (65+)/Student (\$55/ticket)			
<b>TOTAL</b>			
<input type="checkbox"/> I cannot attend, but please accept my donation of \$ _____			

Table Information			
Guest Name:	Check if Vegetarian:	Guest Name:	Check if Vegetarian:
Additional comments/accommodation needs:			

**Thank you for your support of the Karen Organization of Minnesota!** You will receive a receipt for your tax-deductible contribution.