



“Experience AAST 2019” Live Auction Donation Confirmation

Donor Name:

Contact Person:

Address:

Mobile Phone:

E-mail:

Signature of Authorized Donor:

Package Name:

Category (Check all that apply)

- | | |
|--|--|
| <input type="radio"/> Unique Experience | <input type="radio"/> Tickets – Entertainment |
| <input type="radio"/> Dining Experience | <input type="radio"/> Tickets – Sports |
| <input type="radio"/> Spa & Beauty Experience | Other: _____ |

Package Details : The details listed below will be used when announcing your package and will be used in the Auction Brochure. If you have any pictures you want used, please include them.

Package Value:

Blackout Dates/Unavailable Dates:

Suggested Dates (if available):

Please note: A confirmation will be sent with appropriate tax information

Mail/E-mail/Fax to:

American Association for the Surgery of Trauma

633 North Saint Clair Street

Chicago, IL 60611

Fax: (312) 202-5064

E-mail: breasanders@aast.org