

*40<sup>th</sup> Anniversary Celebration*  
*Gene W. Hirschfeld School of Dental Hygiene*  
*Champagne Brunch & Awards Ceremony*

**Menu: Omelet Station with a choice of fillings, salmon and crab dip, assorted danish and muffins, seasonal fresh fruit, choice of golden hash browns or potatoes O'Brian, juice, coffee, decaf , hot tea and Champagne!**

Name \_\_\_\_\_

Year of ODU Graduation (if applicable): \_\_\_\_\_ Degree: BS \_\_\_\_\_ MS \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ email \_\_\_\_\_

Names of additional guests \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Brunch Ticket Purchases**

Number of tickets \_\_\_\_\_ x \$35. Total Cost \$ \_\_\_\_\_

Check payable to *School of Dental Hygiene* is enclosed. Please charge my credit card:  
\_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ VISA/MC/AMEX verification code: \_\_\_\_\_  
(For VISA/MC, last 3 digits in signature block on back. For AMEX, 4 digits above card number on front)

Your signature: \_\_\_\_\_

**Send form with payment to: Jane Plummer-Washington**  
**School of Dental Hygiene/ Health Sciences Bldg, room 2011**  
**Old Dominion University**  
**4608 Hampton Blvd**  
**Norfolk, VA 23529-0499**

Note: Ticket purchases are not tax deductible. This is not a donation.