



ASSOCIATION FOR THE STUDY OF AFRICAN AMERICAN LIFE AND HISTORY®

93RD ANNUAL BLACK HISTORY LUNCHEON

FEBRUARY 16, 2019 | THE WASHTINGTON RENAISSANCE HOTEL
THE 2019 BLACK HISTORY THEME: BLACK MIGRATIONS

**It's the premier event and hottest ticket in the Nation's Capital in the month of February.
And, YOU don't want to miss it.**

**Purchase your ticket(s) and table(s) today BEFORE THEY SELL OUT.
Let's celebrate and recognize Black History – together!**

- | | |
|--|--|
| <input type="checkbox"/> Gold Individual Patron* \$150 | <input type="checkbox"/> Gold Patron Table* (10 seats per table) \$1,500 |
| <input type="checkbox"/> Silver Individual Patron* \$130 | <input type="checkbox"/> Silver Patron Table* (10 seats per table) \$1,300 |
| <input type="checkbox"/> General Individual \$115 | <input type="checkbox"/> General Table (10 seats per table) \$1,150 |

☐ I cannot attend but I am pleased to enclose a tax-deductible donation to ASALH \$_____

For sponsorship and advertising information, please contact ASALH at 202-238-5910 or by email at asalh@asalh.net

**The names of Gold and Silver patrons and contributions of \$50 or more will be acknowledged in our program if received by the January 12th.*

View luncheon updates online at www.asalh.org/luncheon

**NO TICKETS WILL BE MAILED. GUESTS WILL PICK UP TABLE ASSIGNMENTS AT THE REGISTRATION DESK.
ATTENTION: Please complete attendee names on the reverse of this document. Be sure to provide complete information.**

ASALH Branch Affiliation _____	Method of Payment:
Courtesy Title ____ Name _____	<input type="checkbox"/> Check or Money Order <input type="checkbox"/> Credit Card
Title _____	Total \$ _____
Company Name _____	Card Number _____
Address _____	Exp. Date _____ CVV _____
City _____ State _____ Zip Code _____	Signature _____
Phone (____) - _____ <i>*Required</i>	Card Holder's Name _____
Email _____ <i>*Required</i>	Billing Address _____
Solicited by _____	

RETURN THIS FORM WITH PAYMENT TO:
ASALH • 2225 Georgia Ave, NW • Suite 331 • Washington, DC 20059
Phone: (202) 238-5910 • Email: info@asalh.org

WWW.ASALH.ORG #ASALH #BLACKHISTORYLUNCHEON #CARTERGWOODSON

Images Courtesy of the Moorland-Spingarn Research Center



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NAMES FOR TABLE SEATING

Reservations for ADA accommodations must be made 3 weeks in advance in order for the hotel to honor your request. Please provide the email addresses of your guests if you would like us to send email updates on the luncheon and other ASALH events. All guests must check in at the ASALH event registration desk at the hotel to receive their seating assignment. Please place a (✓) by the name to indicate if anyone at your table requires a vegetarian, vegan or gluten free meal, ADA accommodations* or has dignitary status.** Place a (✓) by any seat number that you would like to have ASALH donate to a student.

PLEASE TYPE OR PRINT LEGIBLY

Organization or Branch Name for this table

☐ Please seat me with this group

Name(s) of individuals to be seated [Please list Table Host in Position 1.]	I would like to donate this seat (X below)	Email	Indicate Vegan, Vegetarian or Gluten Free	*ADA Required (state specific accommodation required)	**Dignitary Status
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

DEADLINE REMINDERS: To Purchase Tickets - February 1, 2019 • Contribution Acknowledgements - January 12, 2019

*Indicate if your guests are mobility-impaired and are in need of assistance in moving around the venue. If guests need wheelchair access or any other reasonable accommodation to participate in this luncheon, please indicate. The hotel will be responsible for complying with the public accommodations requirements of the Americans with Disabilities Act. For more information see <http://www.marriott.com/hotels/fact-sheet/travel/wasrb-renaissance-washington-dc-downtown-hotel/>

**IMPORTANT: Please note beside the name if ANY of your guests are elected officials, ambassadors, members of the armed forces, or are members of the diplomatic corps.

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