**Onondaga County Medical Society Annual Awards Dinner Meeting**

Embassy Suites by Hilton- Syracuse Destiny USA

311 Hiawatha Blvd. W Syracuse, NY 13204

**Thursday, November 7, 2019**

**6:00 pm Cash Bar Reception ● 7:00 pm Dinner**

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| **Name of Attendees**\*  | **Entrée Choice (check one for each attendee)** |
|  | **Apple Cider Chicken**Boneless Breast of Chicken Braised in an Apple Cider Reduction paired with garlic herb fingerling potatoes and balsamic roasted root vegetablesSeasonal Greens and Fresh Garden Vegetable SaladWhite Chocolate and Vanilla Mousse served in an edible chocolate cup paired with fresh berries | **Herb Roasted Flat Iron Steak**Seared Center cut herb marinated Flat Iron steak paired with garlic herb fingerling potatoes and balsamic roasted root vegetablesSeasonal Greens and Fresh Garden Vegetable SaladWhite Chocolate and Vanilla Mousse served in an edible chocolate cup paired with fresh berries | **Vegan Ravioli**Vegan Ravioli servedwith roasted root vegetables and sautéed greensSeasonal Greens and Fresh Garden Vegetable SaladVegan Chocolate Mousse paired with fresh berries |
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| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |

*\*Please advise us if you have any special dietary concerns or are in need of any physical accommodations.*

**Additional Ticket Information**

Due to the need to guarantee meals, final names and meal selections must be provided no later than 11/1 (please make selections on the enclosed form). Please note that tables of 10 will be reserved for groups, so we encourage you to reserve a full table (multiple tables may be reserved and will be placed together by request). Otherwise, attendee seating will be assigned.

**□ Yes!** I would like to reserve \_\_\_\_ complete table(s) of 10 for my group.

**□** I would like to reserve \_\_\_\_\_ additional tickets for $60 each.

Please return Payment to: Onondaga County MedicalSociety, 6707 Brooklawn Parkway, Ste. 4, Syracuse, NY 13211 or oncms@oncms.org or call (315) 424-8118 to make your arrangements.

**□** Enclosed is a check in the amount of $\_\_\_\_\_\_\_\_\_\_ payable to Onondaga County Medical Society.

**□** Please charge $\_\_\_\_\_\_\_\_\_\_ to my credit card

 [ ] Visa   [ ] MasterCard   [ ] American Express   [ ] Discover

Name as it appears on card (please print):

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          Security Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime telephone number       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address for this card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature / Date: