

**SUNY DOWNSTATE MEDICAL CENTER**  
**Midwifery Education Program**  
**Symposium and Gala 75 Photo Order Form**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

See the midwifery web site for the photo codes: [www.downstate.edu/chrp/midwif](http://www.downstate.edu/chrp/midwif)

- [ ] Please reserve \_\_\_\_\_ symposium photos code # \_\_\_\_\_ in size 4x6 at \$1.00 each  
[ ] Please reserve \_\_\_\_\_ symposium photos code # \_\_\_\_\_ in size 5x7 at \$3.00 each  
[ ] Please reserve \_\_\_\_\_ symposium photos code # \_\_\_\_\_ in size 8x10 at \$5.00 each
- [ ] Please reserve \_\_\_\_\_ gala photos code # \_\_\_\_\_ in size 4x6 at \$1.00 each  
[ ] Please reserve \_\_\_\_\_ gala photos code # \_\_\_\_\_ in size 5x7 at \$3.00 each  
[ ] Please reserve \_\_\_\_\_ gala photos code # \_\_\_\_\_ in size 8x10 at \$5.00 each

ADD \$5.00 for shipping & handling OR check this box:

- [ ] I will pick up the photos. Please hold for me at Downstate. (Call 718-270-7441 to arrange a time for the pick-up.)

PAYMENT: Please make check payable to Ronnie Lichtman

Mail order form with payment to: Midwifery Education Program  
SUNY Downstate Medical Center  
450 Clarkson Avenue, Box 1227  
Brooklyn, New York 11203  
Attn: Ronnie Lichtman

Note: If you cannot fit all the code #'s into the form above, please use additional paper.