

HONOREE RESPONSE FORM

Dinner Chair
 Leslie Ann Orticke

Please initial each line.

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- Sherri Franklin
- Robert Grace
- Cheryl Gully
- Debra Hunter
- Michelle Johnson
- David Morgan
- Lisa Roper
- Kelvin Tolbert
- Steven D. Turner
- LaVant Wooten

RAW Yes, I would like to accept my award on Saturday, March 17, 2018

RAW You may use my name and likeness in the invitation and corporate solicitation.

RAW Yes, I will forward my 500 word biography and photo to 2018dobyubaascholarshipdinner@gmail.com.

_____ I have attached my invitation list to this form.

_____ No, I am unable to participate in this program this year.

Please type or print

NAME Richard Allen Williams, MD, FACC, FAHA, FACP, DHL

TITLE Clinical Professor of Medicine

COMPANY UCLA School of Medicine

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BUSINESS ADDRESS Same as above

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PREFERRED MAILING ADDRESS HOME BUSINESS

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Please e-mail this form to 2018dobyubaascholarshipdinner@gmail.com. by December 20, 2017.

UBAA
 P.O. Box 83422
 Los Angeles, CA 90083

