



NORTHSIDE HOSPITAL

Atlanta • Forsyth • Cherokee

Bariatric Reunion

Please RSVP by Friday, September 11.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Yes, I will attend. No, I am unable to attend.

**This event is complimentary for patients
and \$20 for guests.**

Guest: Name _____

Please Charge \$ _____ to my:

VISA **MASTERCARD** **AMEX**

Card Number: _____

Expiration: _____ Security Code: _____

Signature: _____

Please make check payable to: **Northside Hospital Foundation**

1000 Johnson Ferry Road, N.E. Atlanta, GA 30342

For more information, please contact Patricia Daniel at:

(404) 851-6285,, fax: (404) 851-6891

e-mail: foundation.rsvp@northside.com