



**Docs That Rock Benefit
Concert
Thursday, March 27th, 2025
Registration Form**

Last Name: _____ First Name: _____

CELL # _____

Email _____

\$30.00 Per Ticket Number of Tickets: _____

Attendees: _____

Make Checks payable to "New York Section, AUA". Please sent payment to:

**New York Section, AUA
4100 Duff Place, Lower Level
Seaford, NY 11783
ATTENTION: MICHELE PAOLI**

Charge my: _____ Amex _____ Visa _____ MasterCard

Card #: _____

Signature _____

Exp. Date _____

Thank you,

Michele Paoli

**Michele Paoli
Executive Director, New York Section, AUA**