



Wednesday Evening
January 29th, 2025
6:30 - 9:30 pm

Buffalo Convention Center

In lieu of tickets, guests will be listed alphabetically at check-in. Please print the names of your guests on the back of this form. If you do not have all guest names at this time, you may provide them at a later date, or guests may check in under your company name.

_____ Guests at \$150 per person Advance Purchase through January 15th = \$ _____

_____ Guests at \$200 per person, after January 15th = \$ _____

Kindly make checks payable to NFADA Charitable Foundation or include credit card information:

Credit Card Number: _____

Expiration Date: _____ Security Code from Back of Card: _____

Cardholder Name: _____

Billing Zip Code: _____

Company Name: _____

Contact Name: _____

E-mail address: _____ Phone # _____

Presented by New Car Dealers of WNY Charitable Foundation & Independent Health

**The following individuals will attend the
2025 Buffalo Auto Show Charity Preview Party**



(Please print clearly)

Last name

First name

E-mail address

1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			