



CENTER FOR VISION LOSS

CORDIALLY INVITES YOU TO JOIN US FOR THE

TWO • THOUSAND • TWELVE

Chrysalis AWARD DINNER

Honoring

DR. FRANCIS A. SALERNO

ASSOCIATE CHIEF OF GERIATRICS,
LEHIGH VALLEY HEALTH NETWORK

FRIDAY, OCTOBER 26, 2012

UNIVERSITY CENTER, DESALES UNIVERSITY
2755 STATION AVENUE • CENTER VALLEY, PA 18034

\$85 PER PERSON • 6PM RECEPTION • 7PM DINNER • SILENT AUCTION

"IN SEARCH OF MY OWN GLIDE PATH"

DR. FRANCIS A. SALERNO CAME TO THE LEHIGH VALLEY IN 1990 AS THE FIRST CHIEF OF GERIATRICS AT THE LEHIGH VALLEY HEALTH NETWORK. HE HAD LOST HIS EYESIGHT DUE TO THE COMPLICATIONS OF DIABETIC RETINOPATHY WHEN HE WAS 29, A CRITICAL EVENT THAT WAS INSTRUMENTAL IN FACILITATING HIS UNDERSTANDING OF THE UNIQUENESS OF HUMAN RELATIONSHIPS. THROUGH PERSONAL EXAMPLE, WRITING, TEACHING AND COMMUNITY INVOLVEMENT, DR. SALERNO QUICKLY BECAME A LEADER IN IMPROVING SERVICES TO THE ELDERLY IN THE LEHIGH VALLEY AND BEYOND. DR. SALERNO WILL DISCUSS HIS CAREER AND SHARE HIS INSPIRATIONAL THOUGHTS AS A PHYSICIAN WHO HAPPENS TO BE BLIND.

IF YOU ARE INTERESTED IN ATTENDING, KINDLY RESPOND BY OCTOBER 15, 2012

NAME(s) _____

ORGANIZATION / COMPANY _____

ADDRESS _____

CITY / STATE / ZIP _____

PHONE _____

E-MAIL ADDRESS _____

☐ I/WE WILL BE ATTENDING THE EVENT AT \$85 PER PERSON*
____ Chicken Bruschetta ____ Seared Jail Island Salmon Oscar
____ Eggplant Rolatini

☐ I/WE WISH TO BE A PATRON AT \$100 PER PERSON WHICH INCLUDES
AN EVENT TICKET & A LISTING IN THE PROGRAM BOOK*

Please indicate your dinner choices above.

LIST ME/US AS _____

☐ I/WE ARE UNABLE TO ATTEND BUT HAVE ENCLOSED A TAX
DEDUCTIBLE CONTRIBUTION OF \$ _____

☐ I/WE REQUEST THE FOLLOWING ACCOMMODATIONS OR DIETARY NEEDS _____

PLEASE MAKE CHECKS PAYABLE TO **CENTER FOR VISION LOSS**
I PREFER TO PAY BY CREDIT CARD

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

CARD NO. _____

EXPIRATION DATE / SECURITY CODE _____

PHONE _____

SIGNATURE _____

PLEASE RETURN THIS FORM WITH YOUR PAYMENT BY OCTOBER 15, 2012
TO CENTER FOR VISION LOSS, 845 WYOMING ST., ALLENTOWN, PA 18103
SENDING IN THIS FORM CONFIRMS YOUR RESERVATION.

***OF EACH TICKET, \$50 REPRESENTS THE FAIR MARKET VALUE OF THE FOOD AND
ENTERTAINMENT. THIS PORTION IS NOT DEDUCTIBLE AS A CHARITABLE CONTRIBUTION.**

Invitation Sponsor



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