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**SCHOOL/COLLEGE NAME**





**TITLE FIRST LAST**

**cordially invites you to attend the annual**

**SCHOOL/COLLEGE NAME**

Info

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**MONTH DD, 20XX • XX:00 a/p.m.**

LOCATION LINE 1

LOCATION LINE 2

LOCATION LINE 3

RSVP by WEEKDAY, MONTH DD, to

**INSERT LINK TO RSVP**

For more information, contact Erin Raia, Office of the Dean,

at **eraia@adelphi.edu** or **516.877.4668**.

Should you, or your guests, require an accommodation based on a disability, please contact the Student Access Office by phone at **516.877.3806** or email at **sao@adelphi.edu**. When possible, please allow for a reasonable time frame prior to the event with requests for American Sign Language (ASL) interpreters, closed-captioning or Communication Access Real-Time Translation (CART) services; we suggest a minimum of five business days.



**SCHOOL/COLLEGE NAME**

One South Avenue

P.O. Box 701

Garden City, NY 11530–0701