



## Dinner Program Reserved Table Form

*Please print clearly*

**Yes, our company would like to purchase a table for**

event name: \_\_\_\_\_

event date: \_\_\_\_\_

**Members:**

- Table (8) - \$680
- Table (10) - \$850

**Non-Members:**

- Table (8) - \$880
- Table (10) - \$1,350

**Note: You will be contacted by the Chapter office to confirm your table reservation and guest names.**

**Payment Information:**

*Please charge my* \_\_\_ MasterCard \_\_\_ Visa \_\_\_ American Express

in the amount of \$ \_\_\_\_\_

Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Tel #: \_\_\_\_\_

Address: \_\_\_\_\_

C/S/Z: \_\_\_\_\_

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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