



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) - \$480
- Table (10) - \$600

Non-Members:

- Table (8) - \$800
- Table (10) - \$1,000

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: _____

Print Name: _____

Signature: _____

Today's Date: _____

S. Ca. Chapter Office
PO Box 41202
Long Beach, CA 90853

sccmaa@cmaasc.org
www.cmaanet.org/sca
(562) 434-8409
Fax (562) 296-9708