



TABLE REGISTRATION FORM

Company Name: _____
 Contact Person: _____
 Phone: _____ Email Address: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Please list the guest names:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Reserve table(s) _____ of 10 (\$1,600 per table of 10)

Reserve seat(s) _____ (\$180 per person)

Total Amount \$ _____

Card #: _____

Exp. Date: _____ CVV Code _____ Amount \$ _____

Signature: _____

CREDIT CARD COMPLIANCE For the protection of your credit card information, the transmission or reception of credit card number by EMAIL is prohibited by the PAYMENT card Industry Date Security Standards or (PCI-DSS)

Reservation, completed guest list and payment is due **February 17, 2017**.
 Cancellations must be received in writing by this date and no refunds will be given after that date.
 Substitutions are welcome, names preferred in advance