



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) - \$440
- Table (10) - \$550

Non-Members:

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

Contact Information:

Contact Name: _____

Company: _____

Email: _____

Tel #: _____

Address: _____

C/S/Z: _____

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

Payment Information:

___ Check enclosed or *Please charge my* ___ MasterCard ___ Visa ___ American Express

in the amount of \$ _____

Card Number: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Today's Date: _____

Return form to / Questions:

CMAA San Diego Chapter Office PO Box 41202 Long Beach, CA 90853
Tel (562) 434-8409 Fax (562) 296-9708 email: cmaasd@cmaa-sd.org www.cmaa-sd.org