

Reservations Required

2009 Annual Dinner & 2008 Awards Program R.S.V.P. Card

Please Reserve a total # of _____ Dinner(s) (Vegetarian Dinners upon request)

Business Name _____

Guest Name _____

Guest Name _____
(If paying or reserving dinner for more than two, please print names on the back of this card.)

___ Enclosed is my check for \$ _____ Credit card payments accepted. Call Linda at 836-2125.
(\$50 per person / \$500 for a table of 10)

___ Please mail an invoice to:

Business Name _____

Contact Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Reservation deadline is January 2, 2009

No refunds unless cancellation received a minimum of 48 hours prior to date of the dinner.

2009 Annual Dinner
& 2007 Awards Program
Friday, January 9, 2009
The Property Conference Center
6:00 pm - 9:30 pm

Sponsored by:



All your protection under one roof®



Business Name _____

Guest Name _____

Guest Name _____

Guest Name _____

Guest Name _____

Guest Name _____

Guest Name _____

Guest Name _____

Guest Name _____