



## 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) - \$840

\_\_\_ Table (10) - \$1,050

**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](mailto:cmaasd@cmaa-sd.org) [www.cmaa-sd.org](http://www.cmaa-sd.org)