

Standing Dinner Reservation Monthly Membership Meeting

Company Name: _____

Contact Person: _____ Phone: _____

Please check the dates below of the dinner meeting that will be attended

9/20/17 10/18/17 11/15/17 12/20/17

1/17/18 2/28/18 3/21/18 4/18/18 5/16/18 6/20/18

Number of standing reservation(s) _____

Please note: Cancellations must be made Monday by 12:00pm prior to the scheduled dinner meeting; if ACT does not receive a cancellation your company will be responsible for the cost associated with the dinner fee.

Please check one of the payment methods indicated below.

Send a check prior to the Dinner meeting

Pay at the door

Charge my Visa/MasterCard/AMEX

Card # _____

Exp _____ CVC _____ Zipcode _____

Billing Address: _____

Email Address for receipt: _____

For more information please contact ACT (520) 624-3002.