

ASIAN GALA 2010 REGISTRATION FORM

This version is for individual registration only. Please call (616) 481-6194 if you are registering for your company.

You can fill this form in using Adobe Acrobat Reader (adobe.com/reader) and print out. This form is not savable and will not be accepted via email.

A. BASIC INFORMATION

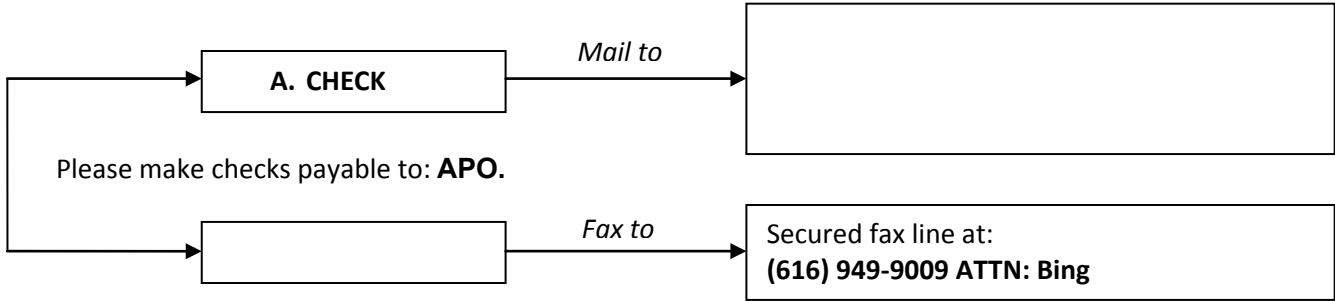
First name (*):	Last name (*):
Phone (*):	Title:
Email address (*):	Organization/Affiliation:
Number of guest(s) (*):	x \$50.00 (*) = ← This is your amount due

	Guest's first name (*)	Last name (*)	Org/Title	Dietary restrictions
1				
2				
3				
4				

I want to bring more than 4 guests, I will include their information in a separate sheet

B. PAYMENT INFORMATION

Please select your payment method. Please do not send any cash back with this form (*).



Name on card:	Card type:
Card number:	
Expiration date:	Security code:
Billing address: Street address:	
City:	State-Zip:

Thank you for your support. Please note that while this form is to be postmarked/ faxed in on or before *March 1st, 2010*, **seating is limited**. Please **RSVP as soon as you can to guarantee your seat(s)**. Once we receive your form and payment, we will send you an email to confirm.

Comments: