



Administrative Professionals' Day Luncheon

April 16, 2010

Registration Form

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (daytime): _____ E-mail: _____

I would like to make _____ # reservations at \$25 per person.

I would like to purchase _____ raffle tickets at \$10 each or 3 for \$25.

I am enclosing a check for \$ _____ Please charge my (circle one): Visa MasterCard

Card Number: _____ Exp. Date: _____

Name as it appears on your credit card: _____ Signature: _____

List person(s) attending and lunch selection below. * Please make additional copies as needed.

- | | | | |
|-------|--|--|--------------------------------------|
| _____ | <input type="checkbox"/> Southwest Chicken Salad | <input type="checkbox"/> Turkey Club Croissant | <input type="checkbox"/> Veggie Wrap |
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*Dessert and coffee, iced tea, or water are included.

Please submit completed registration form by April 14th.

E-mail
jdusenberry@bethany-qc.org

Mail
Bethany for Children & Families
APD Registration
1830 6th Ave.
Moline, Illinois 61265

Fax
309.797.2386