

SCI-DVC's 26th Annual Banquet & Awards Fundraiser Registration Form

Ticket Price is \$75.00

RESERVATIONS MUST BE POSTMARKED ON OR BEFORE FEBRUARY 15, 2010
After 2/15/10, tickets will be \$85.00

Please complete the registration form below and return to:
Luke & Sandi Long • 3311 Coventryville Road • Pottstown, PA 19465 • 610-469-2117

Tables will be reserved for parties of 8 ONLY! We will do our best to seat you with/near your group of less than 8.

Please note: Tickets will NOT be mailed. They will be given to you at the registration table when you arrive at the banquet.

Visa & MasterCard are accepted! Please make checks payable to: SCI-Delaware Valley Chapter

Complete the following (Please print clearly)

RESERVE TABLE NAME (IF 8 REGISTRANTS) _____

REGISTRANT #1	<input type="checkbox"/> SCI Member <input type="checkbox"/> Non-Member	Name:
Address:		
City, State, Zip:	Phone:	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Check
Email:	Card #	Exp. Date (/)
<input type="checkbox"/> Check here to be added to our Email Newsletter		

REGISTRANT #2	<input type="checkbox"/> SCI Member <input type="checkbox"/> Non-Member	Name:
Address:		
City, State, Zip:	Phone:	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Check
Email:	Card #	Exp. Date (/)
<input type="checkbox"/> Check here to be added to our Email Newsletter		

REGISTRANT #3	<input type="checkbox"/> SCI Member <input type="checkbox"/> Non-Member	Name:
Address:		
City, State, Zip:	Phone:	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Check
Email:	Card #	Exp. Date (/)
<input type="checkbox"/> Check here to be added to our Email Newsletter		

REGISTRANT #4	() SCI Member () Non-Member	Name:
Address:		
City, State, Zip:	Phone:	() Visa () MC () Cash () Check
Email: <input type="checkbox"/> Check here to be added to our Email Newsletter	Card #	Exp. Date (/)

REGISTRANT #5	() SCI Member () Non-Member	Name:
Address:		
City, State, Zip:	Phone:	() Visa () MC () Cash () Check
Email: <input type="checkbox"/> Check here to be added to our Email Newsletter	Card #	Exp. Date (/)

REGISTRANT #6	() SCI Member () Non-Member	Name:
Address:		
City, State, Zip:	Phone:	() Visa () MC () Cash () Check
Email: <input type="checkbox"/> Check here to be added to our Email Newsletter	Card #	Exp. Date (/)

REGISTRANT #7	() SCI Member () Non-Member	Name:
Address:		
City, State, Zip:	Phone:	() Visa () MC () Cash () Check
Email: <input type="checkbox"/> Check here to be added to our Email Newsletter	Card #	Exp. Date (/)

REGISTRANT #8	() SCI Member () Non-Member	Name:
Address:		
City, State, Zip:	Phone:	() Visa () MC () Cash () Check
Email: <input type="checkbox"/> Check here to be added to our Email Newsletter	Card #	Exp. Date (/)

Total Enclosed \$ _____