March Program: Pots of Gold
March 16, 2010

EVENT TYPE (Please check appropriate box)**:**

☐ **CREW-Miami Luncheon** ☐ **Members-Only Event**

ATTENDEE INFORMATION

Name: _____
First Last

Company: _____

Address: _____

_____
City State Zip

Phone: _____ Fax: _____

E-mail: _____

PAYMENT INFORMATION

CREW-Miami and CIASF Members $45.00; Non-Members $55.00; Late RSVPs and Walk-ins $55; Table Sponsor (8 tickets) $320 (Register by March 12th)

Attending: _____ Total: $_____

Charge: ☐ American Express ☐ MasterCard ☐ Visa

Name: _____
(as it appears on the card)

Credit Card #: _____

Exp. Date: _____ CVV/Code_____

City/Zip: _____
(of billing address)

Signature: _____

FAX COMPLETED FORM TO:
(305) 938-0775

ONLINE REGISTRATION/ EVENT INFORMATION:
www.crewmiami.org

FOR SPECIAL NEEDS REQUESTS, WRITE TO US AT:

info@crewmiami.org

IF PAYING FOR SEVERAL ATTENDEES, ENTER NAMES HERE:

_____
_____
_____
_____
_____
_____
_____
_____
_____

PRE-PAID RESERVED TABLES:

$320/TABLE (8)

Table Sponsor gets table tent with company name

INTERNAL USE ONLY:

Processed Date: _____
Processed By:_____
Comments: _____
_____