

Luncheon Registration Form



Mail this form with a check made out to WACMB or with credit card information to:

WACMB

P.O. Box 83

Monterey, CA 93942

Or Fax this reservation form with credit card information to (831) 643-1846

Name			
Contact info		Mailing address	Phones
Street or PO Box			Home
City			Work
State, Zip			Mobile
Email			
Date of luncheon			
Register		Count (#)	Amount (\$)
Members @ \$29 each			
Guests @ \$35 each			
Credit card fee \$2 per meal			
		Total amount \$	
Names of additional participants (if any)			
Number of vegetarian meals		(72 hours' notice required)	
Reservations, as well as cancellations for a refund, must be made at least 4 days before event.			
Credit card information		Type of card	Expiration date
Type of card		<input type="radio"/> VISA <input type="radio"/> MC	/
Card number			
Card holder name			
Billing address (if different)			
Phone number			
Signature			
How did you hear about us?			
<input type="radio"/> WACMB Passport newsletter <input type="radio"/> NPR-KAZU <input type="radio"/> Monterey Herald or other paper <input type="radio"/> Friend referral <input type="radio"/> Other (please explain):			