

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					
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	3-Digit security code
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 by mail		<input type="radio"/> NPR-KAZU			
<input type="radio"/> WACMB Passport newsletter by email		<input type="radio"/> Friend referral			
<input type="radio"/> WACMB Website		<input type="radio"/> Other (please explain):			
<input type="radio"/> Monterey Herald or other paper					