Guest Names

Please respond by October 23, 2009

We are pleased to confirm the following reservations:

____ Individual seats ($70 per person)
____ Table of 8 ($525)
____ Total seats

All no shows will be billed unless cancelled 48 hours prior to event.

Company name _____

Address _____

City _____ State ____ Zip _____

____ *Payment enclosed (Please make check payable to Fast Track 50.)*

☐ Visa ☐ MasterCard ☐ Discover

Card Number _____ *V Code _____
(3 digits from back of credit card)

Expiration _____ Signature _____

(Will appear on your statement as Lakeland Community College.)

To RSVP by phone, please call (440) 525-7303

To RSVP by fax, please use (440) 525-7658

Please indicate first and last names of guests and spouses as they should appear on name badge. (Please print.)

Name	Company
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____