



Standing Dinner Reservation General Membership Meeting



Good from 9/09 – 6/10

9/9/09 10/21/09 11/18/09 1/20/10 2/17/10 3/17/10 5/19/10 6/16/10

Company Name: _____

Contact Person: _____ Phone: _____

**List all attending company representative that you are making standing reservation for.*

*Our Company would like to have *# ___ standing reservation(s) for ACT monthly dinner meeting. If we **do not** attend the meeting and **do not call** the ACT office 624-3002 by **Noon** on the **Monday prior** to a scheduled meeting we will be responsible for paying for the dinner(s) at ACT members cost.*

Company Representative please initial here that you have read & understand this. _____

Please check one of the payment methods indicated below.

You may bill my Master Card or Visa monthly Tuesday prior to meeting _____.

Charge my Visa/MasterCard

Card # _____ CVC# _____

Exp _____ Signature _____

We will send a check prior to the Dinner meeting _____.

We will pay at the door _____.

For more information please contact ACT 624-3002.

Fax this form back to 624-3049

This standing reservation will not be in effect for the months of December our Holiday Event or April our Trade Show event! Please make Individual RSVP on those months.