## Reservation Card

Please include title, full name, current or highest office held and the hereditary organization

1)	Full Name	4.4
	Current or Highest Office-year He Please Circle Meal Choice GS CC MM VG	reditary Organization
	riease circle ivieal crioice G3 GG (VIIIV) VG	
2)	Full Name	
	Tun Nume	
	Current or Highest Office-year He	reditary Organization
	Please Circle Meal Choice GS CC MM VG	
3)	Full Name	
	T WILL TAGITIE	
	Current or Highest Office-year He	reditary Organization
	Please Circle Meal Choice GS CC MM VG	
Co	ontact - Phone	
Co	ontact - Phoneontact - E-mail	
1/1	We would like to be seated with	
	Priority seating with early confirme	ed reservations
# (	of Reservations @ \$	75 per person – ¢
,,,	w ,	7.5 per person = 5
1/1	We would like to be a patron-tax ded	uctible. (circle one)
	\$250 \$150 \$100 \$50	
Na	me to appear for Sponsorship Recog	nition:
Total /	mount England	
TOLdi	Amount Enclosed	The second secon
Dotum	this forms with manner at a surful at	AADCCAD L. AL
returi	this form with payment payable to Donald Arthur Deering	MIDSSAR by November 27" to
	2306 Roe Lane	
	Frederick, MD 21701-5348	
	,	
Hotel F	Reservations due by November 15 <sup>th</sup> .	
Me	eal choices	
	GS – Grilled Sirloin	CC - Chicken Caprese
	MM - Citrus-butter Mahi-Mahi	VG - Vegetable Stack

Please feel free to copy this form for additional attendees