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2009 Guest List

Date Sent: _____

Name of person making reservation: _____

Name for Table Sponsorship listing in program: _____

Email address: _____

FAX to: 541 463-3985 Names of attendees (due by October 2, 2009):

1 _____ 5 _____

2 _____ 6 _____

3 _____ 7 _____

4 _____ 8 _____

Special Dietary Requests: _____

(If not yet paid) Organization Name for payment (or name on credit card):

ATTN: _____

Address: _____

City, State, zip: _____

Phone: _____ Home Business Cell

Sponsorship may be paid by check, or credit card.
Gifts may be made online at: Foundation@lanecc.edu.

Credit Card Info: Visa Mastercard AMEX Discover

Card #: _____

Expiration Date: _____ Total amount to bill: _____

Questions? Call (541) 463-5777 or (541) 463-5226

For LCC Foundation Use:			
Entered in RE _____	Entered in AuctionPay _____	Group Assigned _____	
Bidders Entered _____	Bid # Assigned _____	Table Assigned _____	Dietary Needs Yes / No