

**PLEASE RESPOND BY MONDAY, JANUARY 14, 2019**  
**EMAIL COMPLETED FORM TO INFO@SMCCVB.COM**

**YOUR CONTACT INFORMATION:**

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

**TICKETS:**

PLEASE RESERVE \_\_\_\_\_ SEAT(S) AT \$ 95 PER PERSON

PLEASE RESERVE \_\_\_\_\_ TABLE(S) OF TEN AT \$ 950 (includes prime seating & signage)

TOTAL AMOUNT DUE AND ENCLOSED: \$ \_\_\_\_\_

**PAYMENT:**

**DUE TO GUARANTEE REQUIREMENTS, CANCELLATIONS AFTER JANUARY 18, 2019 WILL BE BILLED IN FULL.**

Checks should be made payable to SMCCVB and mailed to 111 Anza Blvd., Suite 410, Burlingame, CA 94010

VISA/MC/AE/DISCOVER \_\_\_\_\_ EXP. \_\_\_\_\_

PRINT NAME ON CARD \_\_\_\_\_ V-CODE \_\_\_\_\_

BILLING ADDRESS & ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

**PLEASE LIST YOUR GUESTS (INCLUDING YOURSELF) & CHECK THE BOX IF ANY ATTENDEE WILL REQUIRE A VEGETARIAN MEAL.**

GUESTS' NAMES (Please list company if different from the one listed at the top of this form.)

_____	<input type="checkbox"/>
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