

# Registration Form

Name: \_\_\_\_\_

Company: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please reserve \_\_\_\_\_ tickets @ \$65 ea \$ \_\_\_\_\_

*Are these tickets part of a sponsorship?* \_\_\_\_\_

*Please list additional guests to be seated with you:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## *Meal Preferences*

Please enter how many of each

\_\_\_\_\_ Vegetarian      \_\_\_\_\_ Beef

*Thank you for making dreams come true!*

Please make checks payable to:  
Soroptimist International of Riverside

MaiI your payment and registration form to:

Soroptimist International of Riverside

P. O. Box 1631

Riverside CA 92502

or

Purchase online at

[www.soroptimistriverside.org](http://www.soroptimistriverside.org)