

Supplier Registration Form

Hot August Night

Rose Hills – Sky Rose Chapel
Wednesday, August 7, 2019

NAME _____
Use bottom of form for additional names

COMPANY _____

ADDRESS _____

PHONE _____ FAX _____

E-MAIL _____

NUMBER OF 6 Ft. TABLES AND ONE DINNER @ \$200.00 _____

NUMBER OF NON-MEMBER 6 Ft. TABLES AND ONE DINNER @ \$335.00 _____

NUMBER OF ADDITIONAL MEMBER DINNERS @ \$50.00 _____

NUMBER OF ADDITIONAL NON-MEMBER DINNERS @ \$60.00 _____

ELECTRICAL SUPPLY @ \$25.00 _____

LATE FEE \$10.00 PER TABLE AND EACH ADDITIONAL DINNER(S) _____

TOTAL AMOUNT REMITTED \$ _____

WE WILL NEED AN ELECTRICAL SUPPLY YES NO (Circle One)
\$25.00 ADDITIONAL FEE

Registration must be received by Wednesday, July 31, 2019

Please add an additional \$10.00 per table and dinner(s) for reservations made after July 31, 2019

Mail Registration form and check made payable to LACFDA to:

LACFDA 6475 E. Pacific Coast Highway #340 Long Beach, CA 90803

Phone (562) 799-8499 Fax (888)778-0951 E-mail: kmtlacfda@msn.com

REMINDER – THIS IS A SELL OUT EVENT! MAKE SURE YOU HAVE A TABLE BY SENDING IN YOUR REGISTRATION TODAY!

PLEASE BRING A CONTAINER FOR BUSINESS CARDS AND A PRIZE TO RAFFLE (Optional)

OUTSIDE ALCOHOL STRICTLY PROHIBITED

To pay by credit card, please complete.

Type of Card:

- Visa
- Mastercard
- American Express

Name of Cardholder(please print) _____ Telephone # _____

Card Number: _____ Expiration Date: _____

3 Digit ID# on Reverse of Card _____ 4 Digit ID# on Front of American Express: _____

Credit Card Billing Address: _____