

# Supplier Registration Form

Hot August Night  
World Cup

Rose Hills – Sky Rose Chapel  
Wednesday, August 8, 2018

NAME \_\_\_\_\_  
Use bottom of form for additional names

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

NUMBER OF 6 Ft. TABLES AND ONE DINNER @ \$195.00 \_\_\_\_\_

NUMBER OF NON-MEMBER 6 Ft. TABLES AND ONE DINNER @ \$325.00 \_\_\_\_\_

NUMBER OF ADDITIONAL MEMBER DINNERS @ \$45.00 \_\_\_\_\_

NUMBER OF ADDITIONAL NON-MEMBER DINNERS @ \$55.00 \_\_\_\_\_

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, August 1, 2018**

**Please add an additional \$10.00 per table and dinner(s) for reservations made after August 1, 2018**

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: \_\_\_\_\_