



California

Los Angeles County Chapter

Luncheon Program Reserved Table Form

Please print clearly

Yes, our company would like to purchase a table for

event name: _____

event date: _____

Members:

- Table (8) - \$400
- Table (10) - \$500

Non-Members:

- Table (8) - \$760
- Table (10) - \$950

Note: You will be contacted by the Chapter office to confirm your table reservation and guest names.

Payment Information:

Please charge my ___ MasterCard ___ Visa ___ American Express

in the amount of \$ _____

Contact Name: _____

Company: _____

Email: _____

Tel #: _____

Address: _____

C/S/Z: _____

Card Number: _____

Name on Card: _____

Expiration Date: _____ Security Code: _____

Print Name: _____

Signature: _____

ACEC LA Chapter Office
PO Box 41612
Long Beach, CA 90853

office@acec-la.org
www.acec-la.org
(562) 439-3950
Fax (562) 296-9708



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Today's Date: _____

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