

# Registration Form

AMC-DV ANNUAL DINNER REGISTRATION - Must be received by October 24th.

Dinner: Saturday, November 3, 2007

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

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

Preferred method of confirming: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# for buffet (@\$35.00) \_\_\_\_\_

# for speaker, coffee and dessert ONLY (@\$10): \_\_\_\_\_

Names of all attending:

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

Total Enclosed: \_\_\_\_\_

Please send checks only. Make checks payable to AMCDV. Mail to: Tom Sherwood, 1186 Bayless Place, Eagleville, PA 19403.

No refunds after October 24, 2007. Payment must be received in advance.