



Contact and Title: _____

Organization: _____

Contact E-mail: _____

Contact Telephone: _____

Attendee Name (title, if applicable)	Food Selection (chicken, salmon or vegan)	E-mail (event reminder only)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Payment Information

Name on Card: _____

Billing Zip: _____

Credit Card: Visa MasterCard Discover Amex

Credit Card No.: _____

Expiration Date: _____

Security Code: _____

Amount Charged: _____ Price for a table of 10 = \$500.00

Authorization: _____

Make checks payable to:
MSMP
1221 SW Yamhill Street, #410
Portland, OR 97205