

REGISTRATION FORM

Organization: _____

Name(s):	Member	Guest	Dinner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The dinner selection will be as follows: Total \$_____ +_____ +_____

- | | | |
|-----------------------|-----------------|--------------------|
| 1. Grilled NY Sirloin | 2. Broiled Sole | 3. Chicken Marsala |
|-----------------------|-----------------|--------------------|

Payment

Please select method of payment: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express				
Card Number: _____			Exp. Date: _____	
Security Code: _____ (3 digits on back of card)			Amount: \$ _____	
Billing Address: _____				
City/State/Zip: _____				
Cardholder Signature: _____				

Mail to: FMS Boston Chapter
 c/o CBA
 10 Waterside Drive
 Farmington, CT 06032

or Fax: (860-677-5066)
Please send in your registration form by March 16, 2010

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Meeting notifications are distributed by e-mail only. If you wish to change your e-mail address, please enter it here:

For information regarding refunds, complaints, and program cancellation policies, please contact Stephen McHugh at (617) 292-9616 or <http://www.fmsboston.org/> under administrative policies for details on refunds, complaints and cancellation policies.