

The Connecticut Culinary Masters Classic

June 6, 2008
Starting at 6:00pm

the restaurant ON20
Hartford Steam Boiler
One State Street
Hartford, CT 06103

REGISTRATION FORM

Please download form, print, complete and transmit to:

Please respond by Tuesday, May 27, 2008

MAIL
The Connecticut Culinary Masters Classic
11 View Place, Guilford, CT 06437
Attn: Lori Lawlor

FAX/PHONE
(203)457-9791

EMAIL
lori@ccmc2008.org
www.ccmc2008.org

YOUR INFORMATION

Last Name	First Name	
Company		
Address		
City	State	Zip
Telephone		
Email Address		

_____ Number of people at \$275 per person (payment must be received by May 27, 2008) \$ _____

_____ Number of people at \$300 per person (if payment is received after May 27th) \$ _____

Guest Name: Last, First	Email Address

- Enclosed is my check for \$_____ (payable to The Connecticut Culinary Masters Classic).
- I cannot attend, but enclosed is my donation to support Connecticut Children's Medical Center. (Make check payable to The Connecticut Culinary Masters Classic).

BILLING INFORMATION Enter your credit card billing information.

Please be sure the name and address are entered as they appear on your credit card statement.

Card type (circle one) Mastercard VISA AMEX

Card Number

Expiration Date

Security Code

Name on Credit Card

My credit card billing information is the same as the information entered above. If not, complete below.

Address (Street, City, State, Zip)

Phone

Please register this credit card number for bidding purposes the night of the Auction.