

REGISTRATION FORM

CALA's FIRST ANNUAL RESIDENT ACCOMPLISHMENT AWARDS

April 27, 2016

Name of A.L. Community _____

The following persons will attend the awards event (please include email address):

Name	Menu Choice #	Email

Luncheon Menu Options

#1 - White Cheddar Steak Melt with horseradish and onions

#2 - Turkey Club Wrap

(Also includes salad, dessert, and hot and cold beverages)

Payment for the following fees is enclosed (or will be sent under separate cover):

Member Awards Event fee \$45 X _____ (# of persons) = \$ _____

Non-Member Awards Event fee \$90 X _____ (# of persons) = \$ _____

TOTAL FEES DUE \$ _____

SEND THIS FORM TO CALA AT 100 HALLS ROAD, P.O. BOX 483, OLD LYME, CT 06371, OR FAX IT TO CALA AT (860) 434-5790.

(Visa, Mastercard, Amex, and Discover cards welcome)