

Table Host Form

Event Date: December 6, 2024

Breakfast: \$30 per ticket or \$300 per table • Luncheon: \$125 per ticket or \$1,250 per table

FULL TABLE

To Reserve a Full Table of 10:

- Form must be completed
- FULL Payment
- Make Check Payable to C W V V
or pay on website (SoCalWomenConference.com)

INDIVIDUAL SEATING

- Fill out this form
- Write Table Host Name in Memo area of Check
- Payment included with form
- Make Check Payable to C W V V
or pay on website (SoCalWomenConference.com)

Are you a Conference Sponsor? Yes No Are you an active Committee Member? Yes No
 (Individual Seating only) I would like to be seated with _____

Please complete the information below (PLEASE PRINT!)

Organization Name: _____ Contact Person: _____
 Address: _____ City, State, Zip: _____
 Phone: _____ Email: _____

| | FIRST | LAST | PHONE | B / L |
|----|-------|------|-------|---|
| 1 | | | | <input type="checkbox"/> <input type="checkbox"/> |
| 2 | | | | <input type="checkbox"/> <input type="checkbox"/> |
| 3 | | | | <input type="checkbox"/> <input type="checkbox"/> |
| 4 | | | | <input type="checkbox"/> <input type="checkbox"/> |
| 5 | | | | <input type="checkbox"/> <input type="checkbox"/> |
| 6 | | | | <input type="checkbox"/> <input type="checkbox"/> |
| 7 | | | | <input type="checkbox"/> <input type="checkbox"/> |
| 8 | | | | <input type="checkbox"/> <input type="checkbox"/> |
| 9 | | | | <input type="checkbox"/> <input type="checkbox"/> |
| 10 | | | | <input type="checkbox"/> <input type="checkbox"/> |

Final Due Date: October 4, 2024 to T. Denise Morey
 Mailing Address: Community Women Vital Voices, PO Box 40371, Pasadena, CA 91114
 (Any RSVPs received after October 4, 2024 will be placed on a waiting list.
 You will be assigned a table as space becomes available.)

IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOUR TABLE IS FULL!!!

www.SocalWomenConference.com