

Build^{ct}08

The evolution continues

RESERVATION FORM

Please return completed form (front and back) with payment by Friday, February 15, 2008 or make copies and fax to AGC/CT 860.563.0616

Company Name _____

Contact Person _____

Phone _____

CCIA/AGC CT Member: YES NO

NON-MEMBERS ONLY fill out the this section :

Company Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____

\$100 per guest \$850 for a table of 10

- Check Enclosed Please Invoice (members only)



Make check payable to AGC/CT and mail in the enclosed envelope to:
AGC/CT, 912 Silas Deane Highway, Wethersfield CT 06109

SEE REVERSE FOR DINNER SELECTIONS AND ATTENDEE REGISTRATION

