



CSCT 100th Anniversary Celebration Ticket Form – Check Payments

Instructions:

1. If paying by credit card, please visit <http://www.chicagocoatings.org/100-year-anniversary-celebration>
2. Make checks payable to: **CSCT**
3. Mail form and payment **by 7/26:**

CSCT
c/o Yuçel Tavolara
True Value Manufacturing
201 Jandus Road
Cary, IL 60013

Name _____

Company Name _____

Email Address _____

- | | | |
|--|--------|----------------|
| <input type="checkbox"/> Member Ticket | \$75 | quantity _____ |
| <input type="checkbox"/> Member + Guest Ticket | \$150 | quantity _____ |
| <input type="checkbox"/> Member Ticket | \$120 | quantity _____ |
| <input type="checkbox"/> Member + Guest Ticket | \$240 | quantity _____ |
| <input type="checkbox"/> Whole Table (8 seats) | \$1000 | quantity _____ |

Entrée Selection

(If unknown, you may leave blank. You must email CSCTchicago@gmail.com with entrée selections by 7/27 or default choice will be Breast of Amish Chicken Roulade)

	Breast of Amish Chicken Roulade	Bourbon & Teriyaki Marinated Norwegian Salmon	Filet Mignon Cappuccino & Veal Reduction
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any questions please contact CSCTchicago@gmail.com

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kcarroll@palmerholland.com

VICE-PRESIDENT

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OFFICERS 2019-2020

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SECRETARY

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