

ANNUAL MEETING REGISTRATION FORM

Registration received by November 10, 2006.....\$150.00 per person

Registration received after November 10, 2006.....180.00 per person

NO REGISTRATIONS CAN BE ACCEPTED AFTER NOVEMBER 25, 2006

Name(s) _____

Address _____

City/State/Zip Code _____

Daytime telephone number with area code _____

Fax number _____

E-mail address (please print) _____

SATURDAY DINNER ENTREE (Indicate choice of each registrant)

Mustard Crusted Salmon _____

9 oz. Filet Mignon _____

Rosemary Chicken Breast _____

Garlic Roasted Prawns & Baby Lobster Tail _____

IF NOT A MEMBER OF THE ARS, TO JOIN (indicate level of choice)

Individual \$50 _____

Family \$60 _____

Corporate \$100 _____

Donor \$250* _____

Patron \$500* _____

* Eligible for donor or patron appreciation events and benefits.

Membership fee enclosed (if applicable) _____

Number of registrants on this form _____ at per person cost _____

Total amount enclosed _____

ALL REGISTRATIONS MUST BE PAID BY CHECK IN USA DOLLARS.

For more information, please call Araxi Bezdjian at (650)343-8585

Please make check payable to the **Armenian Rugs Society**. Send form and payment to:

Armenian Rugs Society * 939 North Amphlett Blvd. * San Mateo, CA 94401 * 650/343-8585