

Please fill out the portion below:

**Yes, I will happily attend the Spectrum Gala**

**\_\_\_# of guests attending** (guest names written below)

\$275 per person

**Yes, I will become an event Sponsor** (see reverse)

**Yes, I will purchase a Journal Ad** (see reverse)

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 **Check Enclosed**

**Cash**

**Credit Card**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Total \$** \_\_\_\_\_

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Amex \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. \_\_\_\_\_ CID # \_\_\_\_\_

**Guest Names:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RSVP by Friday, April 21, 2017**