

SAPFM Cartouche Award Banquet 2010

Registration Form

Monday, January 18, 2010. Cash bar 6:00 pm, banquet 7:00 pm

Name (person attending) _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Guest(s) _____

Fees:

_____ Member @ \$65 \$ _____

_____ Guest(s) @ 65 \$ _____

Total Enclosed \$ _____

I would like _____ table(s) to display merchandise

There will be tables available for members to display portfolios or small pieces.

Mail this form along with your check made payable to SAPFM to:

Jim Altemus
14 State St.
Bloomfield, NY 14469

Please mail your registration in time to arrive no later than Monday, January 11.