2018 SAPFM Annual Cartouche Award Banquet
Registration Form

Friday, January 26, 2018. Cash Bar 6:00, Banquet 7:00
Sit Down served meal

Name(Person attending)_____

Street_____

City_____State_____Zip_____

Phone_____Email_____

Guest(s)_____

Fees:

_____Member @ $80 $_____

_____Guest(s) @ $80 $_____

Total Enclosed $_____

Please arrange for ____ vegetarian option(s)

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

I would like _____display table(s)

Mail along with check to:

Jim Altemus
14 State St.
Bloomfield, NY 14469

Please mail in time to arrive no later than Friday, January 19, 2018.