



**33rd Annual
Community Awards**



PRESENTING SPONSOR

33rd Annual Greece Regional Chamber Community Awards Gala
Thursday, April 26, 2018

Social Hour 6:00 pm–7:00 pm | Dinner/Program 7:00 pm–9:30 pm
 Rochester Airport Marriott Hotel | 1890 West Ridge Road | Greece, NY 14615

Ticket Order Form

Dinner will be served with both white and red wine and features a dual entree of chicken and beef, created by the Marriott's talented Head Chef. A vegetarian entree and dishes meeting special dietary restrictions are available with advance request. If you have any special dietary needs, please let us know no later than Friday, April 20, so that we can make any adjustments needed for your meal.

Organization Name: _____

Contact Name: _____

Phone Number: _____ **Email:** _____

Please list your attendees and check the dinner choice.
See reverse side for payment.

Names of Attendees	Dual Entrée of Chicken and Beef	Vegetarian Option	Special Dietary Needs (Please describe)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			



Moving Business Forward

33rd Annual Community Awards



PRESENTING SPONSOR

Ticket Payment Form

Please complete this ticket order form and return with payment to Sue Terry at the Greece Regional Chamber no later than **April 20, 2018**. Order forms and payments may be mailed to: Greece Regional Chamber of Commerce, 2402 West Ridge Road, Greece, NY 14626, faxed to (585) 227-7275 with payment by phone at (585) 227-7272, or emailed to Sue@GreeceChamber.org. Payment may be made by check, Visa, MasterCard, Discover or AmEx. Checks should be made out to the **Greece Regional Chamber of Commerce**. All reservations must be received and paid in full by April 20, 2018. Please note that tickets are non-refundable.

Name: _____ Company/Organization: _____

Billing Address: _____

Phone: _____ E-Mail: _____

Greece Regional Chamber Business Members

- \$50 X _____ individuals for a total of \$ _____
- \$500 for a table of 10

Non-Members & Guests

- \$60 X _____ individuals for a total of \$ _____
- \$600 for a table of 10

Payment Method

- Check included (Check # _____ for \$ _____)
- Charge (circle one): Visa / MasterCard / Discover / AmEx

Credit Card # _____

Exp. Date: _____ Sec. Code _____ Billing Zip Code _____

Signature: _____ Date: _____