

# March 19, 2019

**Doors Open at 11:15 am  
Lunch & Meeting  
Begins at Noon**

## Gamba Ristorante



### RESERVATION INFORMATION

**Pre-registration & pre-payment is required and must be made at the office of the Crossroads Regional Chamber of Commerce no later than 4:00 p.m. on Friday, March 15, 2019**

• **CHAMBER MEMBER ATTENDEE NAME(S):** \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Please Print*



**\$20.00 per \_\_\_\_\_ person (s) = \$ \_\_\_\_\_ Vegetarian plate requested \_\_\_\_\_**  
(\$40 per person in Chamber Bucks – no combinations. Cash payments must be in exact amount)

• **NON-MEMBER OR GUEST NAME** \_\_\_\_\_

(Limit of one (1) guest per Chamber Member)

Company \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

*Please Print*

**\$25.00 per \_\_\_\_\_ person (s) = \$ \_\_\_\_\_ Vegetarian plate requested \_\_\_\_\_**

(No Chamber bucks. Cash payments must be in exact amount)

Please make checks payable to Crossroads Regional Chamber of Commerce and mail to: 440 West 84th Drive, Merrillville, IN 46410

**You may also pay by Credit Card and fax to: 219.736.6223**

\_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_ American Express

Name as it appears on Card (Please Print) \_\_\_\_\_

Credit Card # \_\_\_\_\_ V-Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Total \$ \_\_\_\_\_

I would like to do a 30 second commercial     I am doing a get promoted table     I have paid \$30 for the table

