

please RSVP for bloom '09

Name

Company

Address

City, State, Zip

Phone

Email

☐ **Yes, I am attending**

☐ I would like to be a Table Captain
and invite nine guests (see back)

☐ I would like a vegetarian meal

☐ No, I am not attending but enclosed
is my donation to support ICHS

Payment

☐ Check (make payable to ICHS Foundation)

☐ Online at www.ichsfoundation.org

☐ Visa ☐ Mastercard ☐ American Express

Name on card

Billing Address

City, State, Zip

Card # Exp. Date/.....

Signature

Early Bird price: before Apr 30 **\$100**

Regular price: after Apr 30 **\$125**

Total amount enclosed \$

**RSVP must be recieved
by Friday, May 22 2009**

Questions? Contact Sarah Kim Randolph
at 206 788 3694 or SarahR@ichs.com

I would like to be seated with the following

vegetarian

Table Captain ☐

Guests ☐

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