

Presented by Sovereign Bank and Hosted by The Polytechnic Club

# The Connecticut Culinary Masters Classic

To Benefit Connecticut Children's Medical Center  
Saturday, June 9th, 2007



## REGISTRATION FORM

Please download form, print, complete and transmit to:

Please respond by May 22, 2007

### MAIL

Connecticut Culinary Masters Classic  
11 View Place, Guilford, CT 06437  
Attn: Lori Lawlor

### PHONE/FAX

(203)457-9791

### EMAIL

Lori@ccmc2007.org  
www.ccmc2007.org

## YOUR INFORMATION

Name/Company \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Phone \_\_\_\_\_

Email \_\_\_\_\_

Number of guests attending at \$275 per person, if payment is received by May 22, 2007.

Number of guests attending at \$300 per person, if payment received on or after May 23, 2007.

**\* Please indicate names of the guests on the back.**

Enclosed is my check for \$\_\_\_\_\_ (payable to Connecticut Culinary Masters Classic)

I cannot attend, but enclosed is my donation for \$\_\_\_\_\_.

## BILLING INFORMATION

 Enter your credit card billing information.

Please be sure the name and address are entered as they appear on your credit card statement.

Card type (circle one) Mastercard VISA AMEX

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

My credit card billing information is the same as the information entered above.  
If not, complete below.

Address (Street, City, State, Zip) \_\_\_\_\_

Phone \_\_\_\_\_

Please register this credit card number for bidding purposes the night of the Auction.

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# *The Connecticut Culinary Masters Classic*

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Saturday, June 9th, 2007*



***Name(s) of guest(s) attending Culinary Masters Classic Dinner at 6:00PM***

Name(s) of my guest(s)
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____