

REGISTRATION FORM

Name: _____
 Phone: _____
 E-Mail: _____
 Your Signer: _____

Board Members ONLY: (Please Mark)

I will I will not attend the Board Meeting on Sunday, July 3, 2011

ALL MEMBERS AND GUESTS:

Event		Number	Cost	Total
Monday July 4				
Celebration Breakfast Buffet	Adults		\$28.00	
	Children		\$15.00	
please note: tappers are free, but include them in the number column				
Dinner: please check entree choice, includes salad, dessert and 1 glass of wine				
Mustard Glazed Salmon	Adults		\$55.00	
Grilled Filet Mignon Pinot Noir reduction	Adults		\$65.00	
Children's Meal Chicken Fingers & Fries	Under 12 Only		\$18.00	
Registration Fee	Family		\$20.00	
	Single		\$15.00	
Total				

PLEASE LIST THE NAMES OF THOSE YOU WOULD LIKE TO BE SEATED WITH AT DINNER ON REVERSE..

NAMES OF THOSE WHO WILL ATTEND THE ANNUAL MEETING
 IN THE LONG ROOM IN INDEPENDENCE HALL (use reverse if necessary).

Where in Philadelphia can you be reached? INCLUDE CELL PHONE

Checks are made payable to: "DSDI INC."
 Send this reservation to: Mrs. Grace Keiper Staller
 1294 Robynwood Lane
 West Chester, PA 19380

Phone: 610-436-9191 E-mail: gracestaller@comcast.net
 PLEASE RETURN NO LATER THAN JUNE 15TH. THANK YOU!
 BE AWARE OF THE CUT-OFF DATES AT THE HOTELS

