**Confirmation of attendees to be seated at a sponsored table must be emailed to** **admin@mnethicsaward.org** **by 5/4/17.**

**For question on providing names for a sponsored table call: 651-815-0668.**

**The listed attendees will be seated at the table sponsored by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please fill-in the company sponsoring this table of 8 guests)

**Contact for this sponsored table:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendees to be seated at the sponsored table of 8:**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Job Title** | **Company** |
|  |  |  |  |
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Please list the names of any attendees requiring a vegetarian or gluten free meal: