



34th Annual Greece Regional Chamber Community Awards Gala
Thursday, April 25, 2019

Social Hour 6:00 pm–7:00 pm | Dinner/Program 7:00 pm–9:30 pm
Rochester Airport Marriott Hotel | 1890 West Ridge Road | Greece, NY 14615

Ticket Order Form

Dinner will be served with both white and red wine and features a dual entrée of beef and chicken, created by the Marriott's talented Head Chef. Dishes meeting special dietary restrictions are available with advance request. Please let us know no later than Wednesday, April 17, 2019, so that we can request adjustments for your meal.

Please list attendees and check your dinner choice.

Organization Name: _____
Contact Name: _____
Phone Number: _____ Email: _____

Names of Attendees	Vegetarian	Vegan	Other Special Dietary Needs
	(check if needed)		(please describe)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please see revers side for payment →



2019 Community Awards Gala Ticket Payment Form

Please complete this ticket order form and return with payment to the Greece Regional Chamber no later than Wednesday, **April 17, 2019**. Order forms and payments may be mailed to: Greece Regional Chamber of Commerce, 2402 West Ridge Road, Greece, NY 14626, faxed to (585) 227-7275 with payment by phone at (585) 227-7272, or emailed to Sue@GreeceChamber.org.

Payment may be made by check, Visa, MasterCard, Discover or AmEx. Checks should be made out to the **Greece Regional Chamber of Commerce**. **All reservations must be received and paid in full by April 17, 2019. Please note that tickets are non-refundable.**

Name: _____ Company/Organization: _____

Billing Address: _____

Phone: _____ E-Mail: _____

Greece Regional Chamber Business Members

- \$50 X _____ individuals for a total of \$ _____
- \$500 for a table of 10

Non-Members & Guests

- \$60 X _____ individuals for a total of \$ _____
- \$600 for a table of 10

Payment Method

Check included (Check # _____ for \$ _____) Charge (circle one): Visa / MasterCard / Discover / AmEx

Credit Card # _____

Exp. Date: _____ Sec. Code _____ Billing Zip Code _____

Signature: _____ Date: _____