



REGISTRATION FORM

Name: _____

Phone: _____

Email: _____

Cost: \$50/person Total amount enclosed: \$ _____

I would like to be seated with:

Make checks payable to Brandeis National Committee and
mail with registration form to:

**Beverly Ross, 35150 Rosemont Dr.,
Palm Desert, CA 92211**

Questions: Beverly Ross, 760-771-3335 or
beverlyrross@gmail.com

