



PROJECT HOSPITALITY FALL DINNER



Wednesday, September 22, 2010 ~ 6 PM

The Hilton Garden Inn ~ 1100 South Avenue, Staten Island, NY 10314

Response Form

Please make _____ reservations at \$150 per person.

I would like (number of) _____ Kosher _____ vegetarian meals.

Name: _____
(Please list additional names of guests on back.)

Organization: _____

Yes, please keep me up-to-date on Project Hospitality's work. My email address is:

_____ I have enclosed my journal ad.

_____ I cannot attend, but please accept my contribution.

Check payable to Project Hospitality

American Express Discover Master Card Visa

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone: _____

Credit Card Number _____

Expiration Date _____

Signature _____

Return to: Project Hospitality

100 Park Avenue, SI NY 10302 Attention: Anita Yuen

