

2015 EPIC AWARDS LUNCHEON

_____ Yes, I will attend the luncheon on May 6, 2015
(List names of those attending on reverse of card)

_____ Reserve Table of 8 @ \$560.00

_____ Attending @ \$70.00 per person

_____ I am unable to attend

Please accept my contribution of \$ _____

Total amount submitted: \$ _____

Payment by check made payable to **MHASEFL**, or by Charge:

Name on Account: _____

Account #: _____

Exp. Date: _____ Security Code: _____

(see back of card)

Billing Zip Code: _____ Phone : _____

Signature: _____

Email: _____

or you may Reserve On-Line at: www.mhasefl.org

RSVP by May 1, 2015

954-746-2055

7145 W. Oakland Park Blvd., Lauderhill, FL 33313