

1 Attendee & Payment Information ————— **2** Review Ticket Selection

You may contact CAIR at 202-488-8787 if you would like to pay by check.

These table tickets are for CAIR's 15th Annual Banquet to be held Saturday, October 24, 2009 at the Marriot Crystal Gateway at 1700 Jefferson Davis Highway in Arlington, Virginia. Registration begins promptly at 5:30 PM.

Each table seats 8 guests. Please Note: Children over 6 months and under 13 are required to be enrolled in child care. Limited child care available for \$15 per child. Please indicate if you need child care below. All banquet attendees must purchase a ticket if aged 13 or older.

All text for ads in the program book must be received by October 9, 2009. Please send material to banquet@cair.com.

- *Select Table Type:
- \$1,000.00 Family Table
 - \$3,000.00 Embassy Table Registration with full page ad in program book
 - \$2,500.00 Embassy Table Registration with half page ad in program book
 - \$1,500.00 Non Profit Organization Table with full page ad in program book
 - \$1,250.00 Non Profit Organization Table with half page ad in program book
 - \$2,000.00 Business Table with half page ad in program book
 - \$2,500.00 Business Table Registration with full page ad in program book

*Organization/Business/Family Name

Childcare needed?: Yes, please contact me to arrange for childcare at the event.

*Attendee #1 Full Name:

Meal Choice 1

Attendee #2 Full Name:

Meal Choice 2

Attendee #3 Full Name:

Meal Choice 3

Attendee #4 Full Name:

Meal Choice 4

Attendee #5 Full Name:

Meal Choice 5

Attendee #6 Full Name:

Meal Choice 6

Attendee #7 Full Name:

Meal Choice 7

Attendee #8 Full Name:

Meal Choice 8

Your Billing Information

Title:

*First Name:

Middle Name:

Required

*Last Name:	<input type="text"/>	Required
Suffix:	<input type="text"/>	
*Street 1:	<input type="text"/>	Required
Street 2:	<input type="text"/>	
*City:	<input type="text"/>	Required
*State/Province:	<input type="text"/>	Required
*ZIP/Postal Code:	<input type="text"/>	Required
Country:	<input type="text" value="United States"/>	
*Email Address:	<input type="text"/>	Required
*Contact Phone Number:	<input type="text"/>	Required
<input type="checkbox"/> Yes, I would like to receive communications from CAIR.		For your privacy, subscribers can unsubscribe using any email or login to change email preferences.

Payment Information

Credit Card Type:	   	
*Credit Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Required
*CVV Number:	<input type="text"/> What is this?	Required
*Expiration Date:	<input type="text" value="10"/> <input type="text" value="2009"/>	Required

Banquet Refund Policy: No refunds issued after October 9, 2009.