

Please complete this card and return by November 9, 2017

Please reserve _____ place(s) at \$165.00 per person*

Please reserve _____ place(s) for Saturday night dinner at the Victor Cafe (\$80.00 per person*).

I am sorry I am not able to attend. Please accept my donation of \$ _____

Total amount enclosed \$ _____

Name _____

Address _____

City, State & Zip _____

Country _____

Please include your remittance made payable to the ***“Mario Lanza Institute”***

Please list guests and special seating requests below

A seating list will be available at the door

* No Refunds