



**2010
Awards of Excellence
REGISTRATION FORM**



Community Resources Council
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Office: (785) 233-1365 Fax: (785) 233-1905

Email: Sylvia at crcinfo@crcnet.org or Linda at crcoa@crcnet.org

Please print or type _____ Today's
 Organization: _____ Date: _____

Name (Representative) _____

Email Address: _____

Organization Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Number of Tickets _____

Number of Tables _____

Price (see chart at left) _____

Individual Ticket	\$30.00 each
Table (seats 10)	\$ 300.00



TOTAL _____

Regular Meal(s) _____ # Vegetarian Meal(s) _____

For Office Use Only:		Receipt given	Yes	No
Received by _____	Date received _____	Please invoice _____	(Circle one)	
Amount Received _____	Purchase Order / Cash / Check (Circle one)	Check# _____		