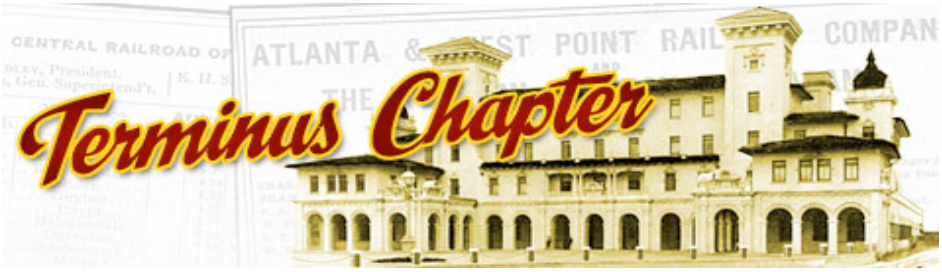

TERMINUS CHAPTER TCA Sept. 5, 2009

Pre-Registration Form

NAME:_____ **TCA #:**_____

ADDRESS:_____

I will be wearing my Terminus Chapter name badge: ____ Yes _____ No

I request my table(s) next to: _____

If Attending:

Spouse's Name:_____

Children's Name(s):_____

Pre-Registration (No Table)		**$ 8.00 @ $**_____
Pre-Registration (With 8' Table)		**$23.00@ $**_____
Extra 8' Tables	**QTY** _____	**$15.00@ $**_____
Guest(s) of Member	**NUM.** _____	**$ 8.00@ $**_____
Total Amount Enclosed		**$**_____

Please Make Check Payable to Terminus Chapter – TCA

Mail Pre-Registration Form to:
Peter Trizzino
109 Deal Dr.
LaGrange, Georgia 30240

Reminder Pre-Registration Deadline is Sept. 5, 2009

www. ddtca.com OR www.dixiedivisiontca.com