

Canton Hall of Fame Chapter APA Reservation Form

Date: **June 21, 2018**

Place: Courtyard by Marriott
4375 Metro Circle NW, North Canton, OH 44720

Time: 5:30 pm – Registration
6:00 pm - Dinner
7:00 pm - Meeting

Cost: N/A

Agenda: **Review Past Year, Planning New Fiscal Year Sept 2018-June 2019**
Moderator: **Cassandra Woodcock**

Reservation Deadline: Thursday, June 14, 2018 by NOON

RSVP: Mail completed form with payment *or* email completed form to sherryd@shields-blice.com

Cancellations: **Cancellations will not be accepted after the reservation deadline. Payment must be made for cancellations after the reservation date or no-shows for dinner or meeting-only reservations.**

Name(s) _____ CPP _____ FPC _____

Email Address _____

Company Name _____

Check your choice of dinner(s). Dinner cost includes meal, coffee or iced tea, and dessert. Other beverages available at your own expense.

- _____ **Eggplant Parmesan**
- _____ **Grilled Salmon**
- _____ **Chicken Monterey**
- _____ **8 oz. NY Strip Steak**

(All meals, except the Eggplant Parmesan, will include Rice Pilaf and Italian Green Beans)

Method of Payment – **N/A**

Check made payable to Canton Hall of Fame Chapter APA mailed to PO Box 26471, Akron, OH 44319

Amount Enclosed: _____

- Credit Card – Invoice will be emailed to email indicated above and is payable upon receipt

Requested Invoice Amount: _____

- Cash or Check accepted day of meeting only if other arrangements are not possible

Amount to be Paid: _____