**Canton Hall of Fame Chapter APA Reservation Form**

Date: **October 17, 2019**

Place: Courtyard by Marriott

 4375 Metro Circle NW, North Canton, OH 44720

Time: 5:30 pm – Registration

 6:00 pm - Dinner

 6:45 pm - Business Meeting

 7:00 pm - Speaker Presentation

Cost: Member-$30.00 / Non-Member-$35.00 / Meeting ONLY-$15.00

**Agenda:** Escheatment & Paying Deceased employees

**Speakers:** Rosanne Wahl

**Reservation Deadline: Thursday, Oct 10, 2019 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.

**\_\_\_\_\_ Vegetable Stir Fry**

**\_\_\_\_\_ Potato Encrusted Scrod**

**\_\_\_\_\_ Grilled Chicken with Onions, Mushrooms and Swiss Cheese \_\_\_\_\_ 8 oz. NY Strip Steak**

(All meals, except the Vegetable Stir Fry, will include Parsley Redskin Potatoes & Green Beans Alamandine. Unless a special request is made, all steaks are prepared medium**.)**

Method of Payment – Indicate below:

\_\_\_\_\_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**: