

# RESERVATION FORM

## *AHI Business Network Luncheon*

The Capital Hilton Hotel

Washington, D.C

Thursday, February 10, 2005

*(Please print clearly)*

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

BUSINESS FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

INDUSTRY: \_\_\_\_\_

PROFESSION: \_\_\_\_\_

*Please complete separate copies of this form for every guest.*

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I will attend the luncheon. Enclosed is \$ \_\_\_\_\_ for \_\_\_\_\_ reservations.

· Member: \$40      · Non-Member: \$50

· Special for Non-Members: \$125

*(Includes 1 year AHI Membership)*

*Please make checks payable to: American Hellenic Institute (AHI)*

Credit card payments: VISA\_\_\_\_ MC\_\_\_\_ AX\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_

*For further information call 202-785-8430; fax: 202-785-5178*

**Reservation form must be received by Tuesday, February 8, 2005 to include your name on the Participant List.**