

Annual Meeting Registration and Meal Form

Please complete this form and mail it along with payment to the address below. Please make checks payable to NADKC. Mail to:
Joe Gallo 3997 Orchard Ln., Long Grove, IL 60047

Name: _____

Friday April 13th, 2018

Lunch How Many? _____ x \$20 each = \$ _____

Buffet Dinner How Many? _____ x \$30 each = \$ _____

Cash Bar

Saturday April 14th, 2018

Breakfast on your own

Lunch How Many? _____ x \$25 each = \$ _____

Dinner How Many? _____ x \$45 each = \$ _____

Open Bar 5:30 - 6:30pm / 8:00 - 9:00pm

Entree Choice:

- Mushroom & Goat Cheese Stuffed Chicken
- Brined Pork Loin
- Potato Crusted Salmon

Total = \$ _____

Names of Attendees on this form: _____

RESERVATIONS MUST BE RECEIVED BY MARCH 12TH, 2018