



CHAPTER LUNCHEON FORM

Please fill out the form and inform who will represent your Chapter with the addition of email address, position held in Chapter and her/his special dietary needs if any. Each chapter will have up to two members to represent to attend at the Chapter Luncheon. It will be on July 1st, 2011 at 11:45 to 1 p.m. We will have two great presenters during the luncheon. The interim chapter affiliated chair will send the confirmation letter and will communicate with you for the agenda and the final list of members/representatives and their chapters two weeks before the ASLTA Conference.

Chapter Name: _____

1. Name of the member/representative: _____

Email address _____@_____

Position held in Chapter: _____

Special dietary Needs: ___vegetarian ___diabetes ___wheat free/gluten free

___Others: _____

2. Name of the member/representative: _____

Email address _____@_____

Position held in Chapter: _____

Special dietary Needs: ___vegetarian ___diabetes ___wheat free/gluten free

___Others: _____

The fee for attending the Chapter Luncheon will be \$40.00/person. Please payable to ASLTA and send the check **by June 10, 2011**. The mailing address:

National ASLTA
 ATTN: Chapter Affiliated
 PO Box 92426
 Rochester, NY 14692-9998

 For National ASLTA only:

Reviewed by: _____

Date: _____ Check # or Money Order: _____

File with National ASLTA Chapter Affiliated: _____