

**2018 PHI BETA KAPPA
ALPHA ASSOCIATION OF COLORADO BANQUET**
Saturday, April 14, 2018

Reservation Form

Name: _____

Phone or Email: _____

Name(s) of guest(s): _____

Please indicate an entrée choice and how many for each. Write a "G" next to your order to request gluten-free:

___ Pasta Primavera

___ Roasted Vegetable Wellington

___ Sesame Crusted Salmon

Number of dinner reservations ___ @ \$50.00 per person: _____

Payment of annual membership dues @ \$30.00 _____

Voluntary contribution to the Scholarship Fund _____

Total _____

Please send this form with your check to

Phi Beta Kappa, Alpha Association of Colorado
PO Box 9476
Denver, CO 80209

To make your reservation and pay by PayPal, send your payment to treasurer@pbkcolorado.org. In the message box please indicate your entrée choice(s), your name and the name(s) of your guest(s), dues amount, and any scholarship donation you choose to make.

**Paid reservations must be received by
Friday, April 6, 2018**