



ASLA-MN 2017 Awards Celebration

Friday, April 21, 2017 | 5:30 – 9:00 p.m.

CHS Field, St. Paul

PERSON PLACING ORDER

Name _____

Company _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

PAYMENT

FEES	By April 14	After 14
ASLA-MN Member	\$65	\$85
Member + Guest	\$130	\$150
Non-member	\$80	\$100
Student	\$45	\$65

Check enclosed (payable to ASLA-MN)

AX VS MC DS

Credit Card Number _____

Exp Date _____ Sec Code _____

Cardholder Name (print) _____

Cardholder Signature _____

ASLA-MN 2017 Awards Celebration
Friday, April 21

5:30 p.m.

Appetizers/Cash Bar & People's Choice Award

7:30 p.m.

Seated Dinner & Program

CHS Field - Securian Club
360 N Broadway Street
St Paul, MN 55101

<http://saintsbaseball.com/parking>

PAYMENT: Unless arrangements have been made in advance, orders received without payment will not be processed.

CANCELLATION/REFUND POLICY: Cancellations must be made in writing and will be fully refunded if received by April 14, 2017. Cancellations received after this date will not be refunded.

SPECIAL ACCOMMODATIONS: If you require special meals or accommodations to fully participate in this event, include a written description of your needs.

PHOTO RELEASE: Photographs will be taken throughout the event which may be used in future ASLA and ASLA-MN promotional materials. By virtue of your attendance, you agree to ASLA's and ASLA-MN's use of your likeness in said promotional materials.

ATTIRE: Business or semi-formal

RETURN FORM TO:

ASLA-MN, 275 Market Street, Suite 54
Minneapolis, MN 55405
T (612) 339-0797 | F (612) 338-7981
karo@asla-mn.org | www.asla-mn.org

ATTENDEE NAME	COMPANY	MEAL SELECTION*	FEE
_____	_____	<input type="checkbox"/> P <input type="checkbox"/> C <input type="checkbox"/> SP	\$ _____
_____	_____	<input type="checkbox"/> P <input type="checkbox"/> C <input type="checkbox"/> SP	\$ _____
_____	_____	<input type="checkbox"/> P <input type="checkbox"/> C <input type="checkbox"/> SP	\$ _____
_____	_____	<input type="checkbox"/> P <input type="checkbox"/> C <input type="checkbox"/> SP	\$ _____
Student Ticket Contribution (if any)			\$ _____

* Meal Options

P - Pork Chop: Center cut frenched pork chop, apple currant chutney, roasted mashed sweet potatoes

C - Chicken Marsala: Pan-seared chicken breast, creamy polenta, tomato compote, marsala mushroom sauce

SP - Stuffed Portabella: Roasted kale stuffed portabella mushroom, israeli couscous, vegetable demi

Total Due \$ _____

Please use an additional sheet of paper to record additional attendee names if needed.