

**SPONSOR/ ADVERTISER/ VENDOR NAME AS YOU WANT IT TO APPEAR ON EVENT MATERIALS**

Name:

Sponsorship

Contact Person

Billing Address

Contact Phone  Email

Number of Tickets  Ticket Cost

Number of Meet & Greet Tickets  Ticket Cost

**Guest Name & Menu Selections**

Dinner Choices:  Mediterranean Chicken  Pan Seared Atlantic Salmon  Vegetable Strudel with Wild Mushrooms

Dessert:  Apple Pie  Cherry Pie

**Cash Bar Available**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Please make checks payable to DCDC and mail to 4811 Jonestown Rd, Suite 233, Harrisburg PA 17109. Easy online registration at: [www.dauphindems.com](http://www.dauphindems.com) or fill out the credit card authorization section below.

**Credit Card**

Please charge \$  to my credit card  MC  VISA  AMEX  Discover

Card No  Exp. Date  CSV

Billing Address (No P.O. BOX)

Name on Card