



Registration Form

Organization: _____

Contact Person at Organization: _____

Contact Person's E-mail and Phone: _____

Table Information: One honoree per package

Please reserve #_____ tables for our organization. **Please circle:** Table(s) of **8 for \$550** or **10 for \$650**

Please mail checks to: LeadingAge Connecticut, 110 Barnes Road, Wallingford CT 06492.

We plan to arrive early to decorate to uniquely decorate our table Yes ____ No ____

Registration information due by Wednesday, June 8, 2022. Vegetarian meals available with advance notice.

Attendee Information:

Name: _____ **Title:** _____

Email: _____

Name: _____ **Title:** _____

Email: _____

Name: _____ **Title:** _____

Email: _____

Name: _____ **Title:** _____

Email: _____

Name: _____ **Title:** _____

Email: _____

Name: _____ **Title:** _____

Email: _____

Name: _____ **Title:** _____

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Name: _____ **Title:** _____

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Name: _____ **Title:** _____

Email: _____