

Educational Luncheon

Thursday, March 18, 2010 • Check-in: 11:30 a.m.

RSVP BY 5:00 P.M. ON MONDAY, MARCH 15TH

Location: ARIA Resort & Casino
3730 Las Vegas Boulevard South, Las Vegas, NV 89109

Time: Check In: 11:30 a.m.
Luncheon: 12:00 p.m.

Cost: Members: \$35, \$45.00 Non-Members, **IF AVAILABLE: Non-RSVPs \$45**

Fax Form: fax: 702-385-2333 e-mail: lvha@edlen.com

Company Name _____

Contact Person _____ I am attending this event

Email Address _____ I am an LVHA member

Phone Number _____ Fax _____

- I will bring a check/cash with me and pay at the door.
- I will pay by credit card. If you wish to pay by credit card, please fill in the information below.
Credit card payments will be charged an additional \$2 per person.

Credit Card # _____ Exp: _____

Billing Address _____ Zip: _____

Signature _____

Register other attendees in the fields below: (please print a 2nd page if you need to add additional attendees)

Member	Non-member	
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____
\$37 if using c-card	\$47	Company: _____
\$35 cash or check	\$45	Email : _____
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____
\$37 if using c-card	\$47	Company: _____
\$35 cash or check	\$45	Email : _____
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____
\$37 if using c-card	\$47	Company: _____
\$35 cash or check	\$45	Email : _____
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____
\$37 if using c-card	\$47	Company: _____
\$35 cash or check	\$45	Email : _____
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____
\$37 if using c-card	\$47	Company: _____
\$35 cash or check	\$45	Email : _____