

Registration Form

50th Anniversary Celebration Ikebana International – Cleveland Chapter 20

Name _____
last name first name

Street _____

City, State, Zip _____
city state zip code

Telephone at which you can be reached _____
area code phone

E-Mail _____ Ikebana Int'l Member _____ Chapter _____

Please sign me up for the following :

Wed., October 7 demonstration - 1:30 p.m. \$40 _____
Preferred seating \$50 _____

Wed., October 7 Dinner with Kika – L'Albatros
(optional, self-pay, select your own dinner) Yes _____ No _____

Thursday, October 8 - 9:30 a.m. workshop \$40 _____
Audit – a.m. \$10 _____
Thursday, October 8 - 1:30 p.m. workshop \$40 _____
Audit – p.m. \$10 _____
Thursday, October 8 lunch - noon \$20 _____

Indicate preference

_____ Chicken almond sandwich
_____ Thai wrap grilled vegetarian

Thursday., October 8 Anniversary Dinner - 6 p.m. \$45 _____
Indicate preference

_____ pasta primavera
_____ beef en brochette
_____ chicken apricot

(cash bar available)

TOTAL ENCLOSED..... \$ _____

Please make your check payable to II Chapter 20 and mail with this form
by September 18 to

Emily Viland
17527 Fairlawn Drive
Chagrin Falls, Ohio 44023-6424