



**Provider
Member
Registration
Form**

Yes, I/we want to attend Minnesota Night in Chicago on Sunday, Nov. 8, 2009 at The Chopping Block.
Reception and Dinner
Sunday, November 8, 2009, 6 – 9 p.m.
The Chopping Block at the Merchandise Mart
222 Merchandise Mart, Suite 107, Chicago, IL

Provider Member Organization (please print):

Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____

The following person/s will be attending:

| Name | E-mail Address |
|------|----------------|
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| | |

Method of Payment:

At a registration price of \$25 per person, our total cost for reservation is \$ _____.

- Check enclosed
 Please Invoice (*Aging Services of MN members only*)

Please charge my: Visa MasterCard American Express

Card Number: _____ Exp. Date: _____

Printed Name on Card: _____

Signature: _____

Reservations must be received by Aging Services no later than Friday, Oct. 23, 2009

Mail/Fax to:

Aging Services of Minnesota
 Attn: Kellie Carlson
 2550 University Avenue West – Suite 350 South
 St. Paul MN 55114-1900
Fax: 866.579.2963

E-mail: kcarlson@agingservicesmn.org

| | |
|--|-------|
| <i>For Aging Services Use Only (40340-310)</i> | |
| Date Received: | _____ |
| Check Amount: | _____ |
| Check #: | _____ |