



2013 Program Registration

Please RSVP to NjonesPGCCT@gmail.com then mail your completed form with payment.

Please select the program you will attend:

- February 11 (RSVP by Feb 6) April 22 (RSVP by April 17)
 August 19 (RSVP by August 14) September 23 (RSVP by Sept. 18)
 November 18 (RSVP by Nov 13) December 16 (RSVP by Dec 11)

Name: _____

Position: _____

Organization: _____

Address: _____

Phone: _____

Will you be bringing a guest? Yes No

Guest name: _____

Guest organization: _____

Guest address: _____

Are you a current PGCCT member: Yes No

Luncheon Reservation Fee Enclosed:

PGCCT Member:

- Pay in advance @ \$35
 Pay at the door @ \$40

Guest:

- \$40 at all times

- Members: Pay balance of meetings in bulk at advance rate (____ mtgs total)
 Guest: Pay balance of meetings in bulk (____ mtgs total)

Check Enclosed for \$ _____ payable to: **Planned Giving Council of Central Texas**

Mail to: Nancy Jones, Chapter Administrator
 Planned Giving Council of Central Texas
 P.O. Box 49422
 Austin, TX 78765-9422

Please let us know in advance if you have food allergies or have a mobility issue.