



Registration Form

Silver Oak Wine Dinner at 1420 Room
benefitting Breast Friends One-to-One Breast Cancer Support Network
Thursday, December 3, 2009

1420 Room ▪ 1420 Dunwoody Village Parkway ▪ Atlanta, Georgia 30338 ▪ 770-587-9117
6:30pm–Cocktails & Silent Auction ▪ 7:15pm–Dinner ▪ Live Auction immediately following
Black Tie Event ▪ Any questions, please call the Breast Friends office at 404-252-1061
www.breastfriendswinedinner.org

Reservation Information

(complete and fax or mail back to Breast Friends, Inc.)

Reservation Name	
Billing address	
City, State, Zip	
Telephone	
Fax	
E-Mail	

Number of Guests Attending: _____ x \$250 per person= _____ Total Amount Due

Special Dietary Needs: _____

Seating Preferences: _____

**Will try to accommodate but cannot confirm until all members in party have made reservations.*

Payment Method:

Check Please make checks payable to: **BREAST FRIENDS**

Mail to: ATTN: Silver Oak Wine Dinner -OR- Fax to: 888-880-8436
180 Allen Road NE
Suite 305-North -OR- E-mail: support@breastfriends.org
Atlanta, GA 30328

Credit Card Authorization

Credit card type	Please circle: AMEX VISA MC DISC DINERS
Credit card number	
Expiration date (mm/yy)	SEC CODE:
Print name on card	

CARDHOLDER'S SIGNATURE: _____

I do hereby guarantee that the above is a valid card on which I have signature rights. I authorize you to charge the credit card for any and all charges and costs associated with the event. **Breast Friends will mail receipt to billing address provided once processed.*