

Academy of Electrical Contracting Annual Meeting Santa Barbara, CA

Restaurant Reservation Form

If you would like for us to make a reservation for you for Friday, June 6, please complete the information below and return it to us by fax (703-739-4481) or email it to michelle@teamprecision.com.

Name: _____

Phone Number: _____

Company Name: _____

Restaurant: _____

Desired Reservation Time (Reception ends at 7:30 pm): _____

Size of your party:

- 2
- 4
- 6
- 8
- Other: _____ indicate size if larger than 8 guests

**Transportation to the restaurant will be responsibility of the individual(s)*

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Restaurant reservations require a credit card to hold the reservation. In order to secure your reservation, please provide us with your credit card information below.

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

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I authorize the use of my credit card to Precision Meetings & Events. Inc. to secure my reservation and cover all charges, tax, gratuity, cancellation fees, etc.

Card Holder Signature: _____

Date: _____