

Team & Individual Registration



Zoo Atlanta * Tuesday, August 11, 2009

Contact Information

NAME:	TITLE:	
COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE	CELL:	FAX:
E-MAIL:		

Fees include the following for each member: Food and 2 drink tickets, entertainment, a T-shirts per team member, game participation, the chance for fabulous prizes, and much more! **Dress attire: Comfortable outdoor athletic wear & tennis shoes recommended.**

Team Registration - \$55 per team member

**This year register one or more members at a time – no minimum registration required!
(and register 5 or more team members and receive \$5.00 off each member registered!!!)**

Team Members

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

Fax or email this completed form and payment to:

Michele Tonogan ♦ (fax) 404-659-7396 Micheletonogan@yahoo.com

Questions about competing?

Contact Gretchen Bennetts ♦ 770-587-9117 Gretchen@adivineevent.com

Method of Payment

Total amount of payment: \$ _____

- Check is enclosed (Make checks payable to ISES Atlanta.)
- Paying with credit card (Complete the attached credit card form.)



INTERNATIONAL
SPECIAL EVENTS SOCIETY
GREATER ATLANTA CHAPTER

International Special Event Society Greater Atlanta Chapter

CREDIT CARD AUTHORIZATION

DATE: _____

BILLING ADDRESS OF CLIENT'S CARD:

(Please give correct mailing address. This will help your local chapter of ISES to receive a discounted rate on credit card processing rates.)

I, _____ HEREBY AUTHORIZE THE ISES ATLANTA
(Print name)

CHAPTER TO USE MY CREDIT CARD FOR THE FOLLOWING PURCHASE(S):

IN THE AMOUNT OF \$ _____

FOR: Race for a Taste Fundraiser

CREDIT CARD TYPE (Circle One): VISA MC AMEX

CREDIT CARD #: _____

NAME EXACTLY AS IT APPEARS ON CARD: _____

EXP. DATE: _____ VALIDATION CODE: _____

AUTHORIZED SIGNATURE: _____

PHONE#: _____ EMAIL ADDRESS: _____