

Please complete the registration form below & send it along with your payment

Name:		Departme	ent:
Phone:		Email:	
Address:	 . г		
		Ticket:	\$20.00 per member / \$40.00 per non-member
Guest Name:	 .		
Guest Name:	 .		# Attending
Guest Name:	.		Total Payment \$
Guest Name:	. [		

SEATING IS LIMITED. Reservations will be accepted on a FIRST COME, FIRST SERVE basis. Please direct any questions to **Andy Mao** at <a href="mailto:andy.mao@live.com">andy.mao@live.com</a> or (949) 870-5679

Please make checks payable to: LACAAEA

Mail to: P.O. Box 86334

Los Angeles, CA 90086-0334