



# MHA Awards Banquet Registration form

The Metropolitan Ballroom, 5418 Wayzata Blvd, Minneapolis (see map attached)

Friday, May 17, 2013

Dinner – 6 p.m.

Awards Ceremony – 7 to 8:30 p.m.

*The requested attire for this event is business attire*

- We would like to reserve a table of ten. The price per table is \$600.
- We would like to order \_\_\_\_\_ individual tickets.  
Individual tickets are \$60 per person. Seating will be first-come, first-served.  
Please arrive early if you have a group of people attending who wish to sit together.

## Facility Information **(please enter the names of your guests on page 2 of the registration form)**

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Contact Information

**(Please note that we will be mailing your tickets on May 3 to the contact person listed)**

Contact Name \_\_\_\_\_

Telephone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Individual awards: Is receipt of this award being kept secret from the award winner?

Yes

No

**Who will be accepting the award on behalf of your organization?** \_\_\_\_\_

## Payment Method (please indicate payment method).

Check enclosed.

Please charge to credit card.

Master Card

Visa

Amex

Name on card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Number \_\_\_\_\_

**Please fax back to Christy Brager at (651) 659-1477 or mail to the address below by May 3**

**Please let us know if any of your guests are vegetarians or have other dietary restrictions when entering their names page 2 of the registration form.**

**Table 1** (enter the names of your guests and their meal preference)

Guest 1 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 2 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 3 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 4 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 5 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 6 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 7 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 8 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 9 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 10 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____

**Table 2** (enter the names of your guests and their meal preference)

Guest 1 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 2 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 3 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 4 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 5 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 6 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 7 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 8 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 9 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____
Guest 10 _____	<input type="checkbox"/> Regular Meal	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____