**ANNUAL DINNER AT TOSCANA RESERVATION FORM**

**Thursday October 14 Doors open at 6 PM**

 **Registration Deadline: Thursday, October 7**

**Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of GOHS member meals at $50 each: \_\_\_\_\_\_**

**Number of non-member meals at $55 each: \_\_\_\_\_\_\_**

 **Total Cost $\_\_\_\_\_\_\_**

**Visa/MC# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_**

 **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV \_\_\_\_\_\_\_\_ Billing zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Or enclose check, payable to GOHS.**

**Please mail this completed form with payment to GOHS, PO Box 814, Oneonta, NY 13820.**

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