



**2017 MEAC FOOTBALL PRESS LUNCHEON**

**FRIDAY, JULY 28, 2017 – NOON**

**Norfolk Waterside Marriott/235 E. Main Street, Norfolk, VA 23510/757-627-4200**

**REGISTRATION FORM**

(Please check and denote)

**Date:** \_\_\_\_\_

**I would like to purchase:**

\_\_\_\_\_ **Table of 10 - \$300.00**                      **Total \$** \_\_\_\_\_  
\_\_\_\_\_ **Seat(s) - \$30.00 per person**                      **Total \$** \_\_\_\_\_

**Registration Deadline – July 21, 2017**

**(Ticket Price increases after deadline. Mailed forms must be postmarked by the deadline)**

\_\_\_\_\_ **Table of 10 - \$350.00**                      **Total \$** \_\_\_\_\_  
\_\_\_\_\_ **Seat(s) - \$35.00 per person**                      **Total \$** \_\_\_\_\_

**Preferred Seating (not guaranteed): Name of Institution:** \_\_\_\_\_

**Please make checks payable to: Mid-Eastern Athletic Conference (MEAC)**

**Please mail completed form to: 2730 Ellsmere Avenue, Norfolk, Virginia 23513**

<b>Credit Card (check one):</b> <input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>MasterCard</b> <input type="checkbox"/> <b>Discover</b> <input type="checkbox"/> <b>AMEX</b>   <input type="checkbox"/> <b>Check</b> <input type="checkbox"/> <b>Cash</b>
<b>Name as it appears on card:</b> _____
<b>Billing Address:</b> _____
<b>Credit Card Number:</b> _____ <b>Expiration Date:</b> _____ <b>CV#</b> _____
<b>Authorization Signature:</b> _____

**Please mail confirmation/table assignment(s) to the following: (please print)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone: (    )** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

Please do not write below this line, for MEAC processing ONLY:

Form Received: \_\_\_\_\_

Registration Completed: \_\_\_\_\_

Initials: \_\_\_\_\_