



2009
GEORGIA RESTAURANT ASSOCIATION
CRYSTAL OF EXCELLENCE AWARDS
- RESERVATION FORM -

On November 15th, 2009, join us for an evening of glamour with the culinary elite. This black tie affair is the only event of its kind to exclusively honor those who have made exemplary contributions to Georgia's prolific restaurant industry.

THE 3RD ANNUAL
GRACE
AWARDS GALA



SUNDAY, NOVEMBER 15TH, 2009
6:00 RECEPTION, 7:30 DINNER & PROGRAM

Attendee Name(s): _____

Company: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

I have enclosed a check for the full amount of \$ _____

Please bill my credit card below for the amount of \$ _____

Amex Visa/MasterCard Discover

Card Number: _____ Exp. Date: _____

Please reserve ____ GRA member tickets at \$175 per ticket.
Please reserve ____ GRA member tables at \$1,575 per table.

Please reserve ____ non-member tickets at \$225 per ticket.
Please reserve ____ non-member tables at \$2,025 per table.

I would like to make a donation of : \$ _____

Please make checks payable to:
Georgia Restaurant Association

Reservation Forms may be submitted by:
Mail: Georgia Restaurant Association
480 E. Paces Ferry Rd., Suite 7, Atlanta, GA 30305
Fax: 404.467.2206
Phone: 404.467.2206 * 866.467.2201 (toll free)