

TASTE AT THE COVE 2010 – WEDNESDAY, SEPTEMBER 1

Registration Form

1. **Please print and fill out this form.**

2. **Each table seats 10 people.**

- Runway Lounge = \$5000
- Table = \$3000

3. **Contact Information**

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Business phone: _____

Other phone: _____

Email address: _____

4. **Method of Payment:**

- Check (payable to San Diego Sports Medicine Foundation)
- Send Invoice
- Credit Card: VISA, Master Card, American Express (circle one)

Name on Card: _____

Account Number: _____

Expiration Date: _____

3/4 Digit Security code: _____

Signature: _____

5. **Mail Completed Form to:**

San Diego Sports Medicine Foundation
PO Box 23023
San Diego, CA 92193-3023

If paying by credit card, you may fax your completed registration form to 858-492-1117.

If you have any questions, please call 858-492-1116.

Thank you for supporting the San Diego Sports Medicine Foundation.