

Print, fill out and mail this registration to:

Water Street Health Services

Attn: Evelyn Rankin

210 South Prince Street ● PO Box 7267 ● Lancaster, PA 17604

Yes! I/We plan to attend Lancaster's Premiere Culinary Experience
_____ tickets @ \$100/person Total \$ _____

Name _____

Address _____

Phone _____ Email _____

Payment Options:

- Enclosed is my check made payable to Water Street Health Services
 Please charge my credit card in the amount of: \$ _____.

RSVP by March 29, 2010

Visa MC Discover American Express Exp. /

Credit Card Number:

/ /

Name on Credit Card (please print)

Phone Number

Signature

10WSHSDA

Sorry, I/We are unable to attend, but please accept my gift of \$ _____.