

2010 NAB MARCONI RADIO AWARDS DINNER & SHOW TABLE RESERVATION FORM

Company _____

Street Address _____

City, State, Zip Code _____

Contact _____ Phone Number _____

Fax Number _____ E-mail address _____

We hereby reserve _____ table(s) at the 2010 NAB Marconi Radio Awards Dinner & Show
Thursday, September 30, 2010 at the Grand Hyatt Washington, DC
6:00PM Reception followed by 7:00PM Dinner
Price: \$1,250/per table

Includes Premium Reserved Table with **10 tickets** and Marconi Program Recognition *(if signed by September 10, 2010)*

TOTAL DUE: _____

I hereby agree to the terms and conditions that appear on this order. I have the authority to make this agreement.

SIGNED _____

PRINTED NAME _____ DATE _____

Payment: Please invoice the address above Please charge to my credit card below

Master Card/Visa/American Express *(please circle the card you wish to use)*

Card Number _____ Expiration Date _____

Cardholders Name *(please print)* _____

Cardholders Signature _____ Date _____



MAIL OR FAX COMPLETED FORM to:
NAB Advertising & Sponsorship
Phone: (202) 429-5468
Fax: (202) 775-2155
hshuster@nab.org



NAB WILL SEND A CONFIRMATION LETTER WITH TICKET INFORMATION UPON RECEIPT OF PAYMENT