



2007 Annual Membership Meeting

Tuesday, May 15th, 2007

- Date:** Tuesday, May 15, 2007
- Time:** 5:00 PM - 9:00 PM
- Cost:** No Charge to members (\$75 non-members)
- Place:** The Downtown Club – Grille Room
620 Chestnut Street, Philadelphia, PA
(215) 925-2040

Discounted Parking will be available at the One Independence Mall Garage at 7th and Ranstead Streets. (1/2 block North of 7th & Chestnut). Parking ticket validation provided at the registration table.

- Menu:** Hors d'oeuvres
Dinner includes house salad, entrée, and dessert.
Dinner Choice:
Filet Mignon OR Flounder stuffed w/crab meat OR Vegetarian Meal

- Agenda:**
- | | |
|-------------|---|
| 5:00 – 6:00 | Registration, networking, hors d'oeuvres, and cash bar |
| 6:00 – 7:00 | Dinner |
| 7:00 – 8:15 | 2006 – 2007 Board Member Recognition
2006 CISA / CISM Recognition
2007 – 2008 Chapter Board of Director Elections |
| 8:15 – 8:45 | Door Prizes and Closing Remarks |

All CISA & CISM June & December 2006 Exam passers are invited to attend as guests of the chapter along with their supervisors without charge

- Registration Contact:** Dan Hill
University of Pennsylvania
3819 Chestnut Street, Suite 214
Philadelphia, PA 19104-3106
215-746-2995; 215-898-2216 (fax)
dwhill@pobox.upenn.edu

Reservations & Entrée Selection Must Be Received by May 9th, 2007.



2007 Annual Membership Meeting

Tuesday, May 15th, 2007

Registration Form

Email Registrations Preferred: dwhill@pobox.upenn.edu or fax to (215) 898-2216
(Business Casual Dress is acceptable)

Entrée Selection: <input type="checkbox"/> Filet Mignon <input type="checkbox"/> Stuffed Flounder <input type="checkbox"/> Vegetarian Meal
Name: _____ Member #: _____
Company Name: _____
Address: _____ _____
Business Phone: _____ Fax: _____
Email Address: _____

You must select one of the Entrée Selections above.

Non-members submitting payment to attend this session, must fax this form to: 215-898-2216.

Non-Members Credit Card Payment Information

MasterCard or VISA only
Credit Card #: _____
Credit Card Expiration Date: _____
Credit Card Billing Name: _____
Credit Card Billing Address: _____
Credit Card Billing City: _____
Credit Card Billing State: _____ Billing Zip Code: _____
Signature: _____