

2010 Annual Dinner Meeting Reservation Request

Please complete this form and return it by **March 12, 2010** to: First New York FCU, Marketing Dept., 2 Wall Street, Albany, NY 12205.
Your dinner tickets will be available at the reception table that evening.

All tables will be set for 10.

If you wish to sit with a particular party, please send in all reservation forms together.

Be sure to list names and indicate dinner choices with:

B (Prime Rib of Beef) **C** (Chicken & Shrimp) **S** (Salmon)

	Full Name	Dinner Choice
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

Name: _____

Daytime Phone: _____

If you are a school/business representative, please indicate where:

Please accept my reservation for:

_____ Member(s) at \$35.00 each \$ _____

_____ Non-member(s) at \$60.00 each \$ _____

Enclosed is check # _____ for \$ _____

I authorize you to debit my (select one):

share savings checking

Account # _____ for \$ _____

Signature _____

