



American Culinary Federation
Long Island Chapter

Please reserve _____ tickets @ \$100* per ticket
for the ACFLI Awards Gala on March 21, 2016

Enclosed is my check in the amount of \$ _____

Please charge my credit card (circle one) AMEX MC VISA

Card#: _____

Exp Date: _____ Zip Code: _____ CVV: _____

Name: _____

Address: _____

Phone: _____

Signature: _____

Please note all seating will be OPEN SEATING for individual
tickets sold. Only tables of 10-12pp will have reserved seating.

*Price for Pre-Paid tickets only. Tickets purchased at the door are \$125 each

Mail To:

**ACF Long Island Chapter Awards Gala
235 N Kings Avenue
Massapequa, NY 11758**

OR

Email To:

INFO@LICHEFS.COM