

# 2010 Programs



## 2010 Programs

*Serving Business...  
Strengthening Community*

The Lake Travis Chamber of Commerce would like to invite you to become a VIP Guest for our 2010 Programs. As a VIP Guest you will be automatically registered for Chamber meetings and business programs including Luncheons, Eggs & Issues and Business Development Series. These programs are vital interactive, learning opportunities designed to assist business owners, managers and executives to network and be successful in the world of commerce.

### ***Benefits of becoming a VIP Guest***

- Never miss another RSVP deadline again
- Secure your reservation before event is full
- Ensure that you will never have to pay the walk-in rate
- Mark your calendars now for the events
- Secure pricing, never pay more for "high profile" speakers

### ***Sign me up as VIP Guest for the following!***

#### **Luncheon**

- \_\_\_ Wednesday, February 17
- \_\_\_ Wednesday, March 17
- \_\_\_ Wednesday, April 21
- \_\_\_ Wednesday, May 19
- \_\_\_ Wednesday, June 16
- \_\_\_ Wednesday, July 21
- \_\_\_ Wednesday, August 18
- \_\_\_ Wednesday, September 15
- \_\_\_ Wednesday, October 20
- \_\_\_ Wednesday, November 17

#### **Eggs & Issues**

- \_\_\_ Thursday, March 4
- \_\_\_ Tuesday, June 1
- \_\_\_ Thursday, September 9
- \_\_\_ Tuesday, December 7

#### **Business Development**

- \_\_\_ Tuesday, January 19
- \_\_\_ Tuesday, April 6
- \_\_\_ Tuesday, July 6
- \_\_\_ Tuesday, October 5

*NOTE: VIP Guest registration is not available for our December Luncheon*

- Cost for all 2010 Programs - \$296
- Cost per Luncheon - \$20
- Cost per Eggs & Issues - \$12
- Cost per Business Development - \$12

***If for some reason you are unable to attend a program that you have pre-registered for simply send someone else, it's that easy!***

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Mail this completed form with payment to:  
LTCC, P.O. BOX 340034, Austin, TX 78734

*Please type or print legibly.*

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Registrants Name(s)

_____	_____
_____	_____
_____	_____

*To secure program registration, please sign below.*

Signature: \_\_\_\_\_

# of Registrants: \_\_\_\_\_ Total amount due: \$ \_\_\_\_\_

*NOTE: Program registration not valid without payment or credit card guarantee.*

- Check enclosed
  - Charge to listed credit card
  - Charge to credit card on file
- Must have Credit Card Authorization Form on file

Card Holder's Name: \_\_\_\_\_

Card Type: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Exp. (MM/YY): \_\_\_\_\_ CSC: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorized Cardholder's Signature: \_\_\_\_\_