

BOTANIÇA

Workshop: _____ @ \$25 = \$ _____

Luncheon & Presentation: _____ @ \$55 = \$ _____

I am unable to attend, but please accept my donation of : \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

Check here for vegetarian option

Name

Address

City

State

Zip

Phone

Email

Please make check out to Klehm Arboretum and send it with this reservation card by March 29, 2017 using the enclosed envelope.

All proceeds associated with this luncheon support Klehm Arboretum & Botanic Garden.

Over, please

Please seat me with _____.

Seating is determined by the postmark on your response.

Provide name & phone/
email for each attendee:

Workshop

Lunch & Program

Veg.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Payment must be included for all attendees listed above. Questions about reservations? Call 815-965-8146. No tickets or confirmation will be sent. Your check is your reservation. Return this card with payment by March 29th, 2017. Thank you!

*KLEHM ARBORETUM &
BOTANIC GARDEN
2715 SOUTH MAIN STREET
ROCKFORD, IL 61102*