



Registration for Dr. Glenn E. Robinson June 6, 2024

Please mail with your check to

WACSC, PO Box 1433, Santa Rosa, CA 95402

This registration must be received before May 29, 5pm and also before we fill the restaurant to capacity.

Names of Attendees: _____

Phone: _____

Email: _____

Luncheon selection (please match number of lunches to attendees)

Number of Chicken and Pasta: _____

Number of Vegetarian Pasta: _____

Number of members: _____ X \$45.00 = _____

Number of non-members: _____ X \$50.00 = _____

Total of check \$_____