

**RESERVATION FOR THE 152<sup>ND</sup> ANNUAL DINNER DANCE  
of the  
SOCIETE CULINAIRE PHILANTHROPIQUE**

**at  
THE CURRENT  
PIER 59, CHELSEA PIERS**

23<sup>RD</sup> Street and Westside Highway  
New York, NY 10011

**SUNDAY, April 15, 2018**

**For members of the Société and one guest: \$200 per person; Officers of the Société and one guest: \$100; Non-members: \$300 per person  
Including Cocktail reception, Dinner, Beverages and Gratuity.**

- I will attend the dinner dance on Sunday, April 15, 2018.**  
*Your reservation and names of guests must be received no later than **April 6, 2018.**  
No tickets will be mailed. Tickets cannot be transferable and no refunds will be made.*

Please reserve for \_\_\_\_\_ person(s):  
\_\_\_\_\_ at \$100 per person, officer & one guest: \$ \_\_\_\_\_  
\_\_\_\_\_ at \$200 per person, member & one guest: \$ \_\_\_\_\_  
\_\_\_\_\_ at \$300 per person, non-member: \$ \_\_\_\_\_

Total payment of: \$ \_\_\_\_\_

- I cannot attend. Please accept my donation: \$ \_\_\_\_\_**

- Checks are payable to: Société Culinaire Philanthropique  
305 East 47th Street, #11B, New York, NY 10017**

- Charge my credit card:**  **Master Card**  **VISA**  
 **American Express**  **Discover**

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

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

*Please list on reverse side the names of your guests.*

# NAMES OF GUESTS

*Tables are limited to ten covers*

Host: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Names of guests:

*Please print names:*

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