



SUPPORTING WISHARD SINCE 1907

2008 Decorators' Show House

4266 North Pennsylvania Street

Event Reservation Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

4/24	Fashion Show & Luncheon	Quantity _____	X \$ 50.00 = _____
4/25	Opening Night Party	Quantity _____	X \$100.00 = _____
4/29	Designer Breakfast Tour	Quantity _____	X \$ 35.00 = _____
5/1	Designer Breakfast Tour	Quantity _____	X \$ 35.00 = _____
5/6	Designer Breakfast Tour	Quantity _____	X \$ 35.00 = _____
5/8	Designer Twilight Tour	Quantity _____	X \$ 50.00 = _____
5/9	Designer Breakfast Tour	Quantity _____	X \$ 35.00 = _____

TOTAL = _____

_____ Check enclosed. (Make checks payable to St. Margaret's Hospital Guild.)

_____ Visa/MasterCard (Circle one.) Number _____
 Expiration date ____/____ Security code on back of card _____

_____ I cannot attend an event, but would like to contribute \$ _____

Names of attendees (Please specify which date if reserving for more than one event.):

_____	_____
_____	_____
_____	_____
_____	_____

Please check in upon arrival. No tickets will be issued.

Send your reservation to:

St. Margaret's Hospital Guild
 P.O. Box 80023
 Indianapolis, Indiana 46280

For more information, visit our website showhouseindy.com or email dshreservations@yahoo.com.