



**2009 Decorators' Show House**  
**1388 Queens Way Drive, Carmel**

**Event Reservation Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

4/23	Saks Fashion Show & Luncheon	Quantity _____	X \$ 50.00 = _____
4/24	Opening Night Party	Quantity _____	X \$100.00 = _____
4/28	Designer Breakfast Tour	Quantity _____	X \$ 35.00 = _____
4/30	Breakfast featuring Karen Carroll	Quantity _____	X \$ 55.00 = _____
4/30	Girls' Night Out	Quantity _____	X \$ 45.00 = _____
5/7	Designer Twilight Tour	Quantity _____	X \$ 50.00 = _____
5/8	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 40651  
 Indianapolis, Indiana 46240

For more information, visit our website [showhouseindy.com](http://showhouseindy.com) or email [reservations@showhouseindy.com](mailto:reservations@showhouseindy.com).