



SUPPORTING WISHARD SINCE 1907

# 2010 Decorators' Show House

## 4270 North Meridian Street

### Event Reservation Form

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

4/23 "Reel Magic on Meridian", Opening Celebration	Quantity _____	X \$100.00 = _____	
4/27 "Breakfast in the Garden", Designer Breakfast Tour	Quantity _____	X \$ 35.00 = _____	
4/28 "Flowers You Can Live With", Lunch & Learn	Quantity _____	X \$ 30.00 = _____	
4/29 "Taste of Meridian", Designer Twilight Tour	Quantity _____	X \$ 50.00 = _____	
<i>Sponsored by Diamond Capital Management</i>			
5/5 "The Design Style of Booth Tarkington", Lunch & Learn	Quantity _____	X \$ 30.00 = _____	
5/5 "Cinco de Mayo", Ladies' Night Out	Quantity _____	X \$ 45.00 = _____	
5/7 "Living with History", Designer Breakfast Tour	Quantity _____	X \$ 35.00 = _____	

**TOTAL =** \_\_\_\_\_

**PLEASE NOTE: Except for "Reel Magic on Meridian, there is a maximum number of guests per event. Should your selected event be Sold Out, you will be contacted by email or phone. Order EARLY to avoid disappointment!**

\_\_\_\_\_ 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. Use back of this form if necessary):


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).