



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	“Booth Tarkington’s Taste, Collections and the Design of His Era”, 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 =** \_\_\_\_\_

\_\_\_\_\_ 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).