

LOST VOICES OF HAGIA SOPHIA

PLEASE KINDLY REPLY BY SEPTEMBER 12

NAME(S) _____ PHONE _____
ADDRESS _____ CITY, ST ZIP _____

- YES, I will attend!** Please reserve ___ places at \$175 per person (\$200 after Sep. 15)
 I am unable to attend; please accept my donation to support Cappella Romana
 I/my company would like to sponsor a table of 8, please contact me with more information.

Tickets total: \$ _____

My donation: \$ _____

TOTAL: \$ _____

- Check enclosed, payable to Cappella Romana Please charge my credit card:

Card # _____ Exp. date: _____ Signature: _____

THANK YOU FOR PROVIDING THIS IMPORTANT INFORMATION FOR YOU AND YOUR GUEST(S)

Please complete all fields. You may return more than one RSVP form or call 503-236-8202 if your party is more than 8 people.

Please note that all meals are gluten free.

ATTENDEE NAME: _____ EMAIL: _____

MEAL CHOICE: Pork Vegan Special dietary needs: _____

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Return completed form to: Cappella Romana, 620 SW Main St., Ste. 714, Portland, OR 97205

For questions, sponsorship information, or phone reservations, please call 503-236-8202 or email rsvp@cappellaromana.org.

Cappella Romana is a 501(c)(3) non-profit organization. Thank you for your support!