

ISUAA Fall Breakfast reservation form

Wednesday, September 6, 2017 8:30-10:30 a.m.

Old Main Room, Bone Student Center

Featuring President Larry Dietz

Please reserve _____ meal(s) at \$13.50 each.

A check for \$ _____ payable to ISUAA
is enclosed.

Entrees:

_____ Scrambled eggs with bacon

NAMES

_____ Scrambled eggs with veggies

NAMES

Please indicate dietary restrictions:

Reservations must be received no later than **August 25**. Late reservations cannot be accepted. Please mail the reservation form, along with your check, to ISUAA, Campus Box 8000, Illinois State University, Normal, IL 61790-8000. No phone reservations, please.

If you would like an email confirmation, please provide your email address here: