

REGISTRATION FORM

**7th ANNUAL KEYSTONE RESEARCH CENTER
AWARDS DINNER
Thursday, June 12, 2008, 5:30–9:30 pm
Hilton Harrisburg, 1 N 2nd St, Harrisburg, PA 17101-1601**

NAME: _____

ADDRESS: _____

ORGANIZATION: _____

PHONE: _____

E-MAIL: _____

Number of dinner tickets @\$100.00 each: _____

Number of vegetarian meals: _____

Number of nonvegetarian meals: _____

Number of corporate tables of 10 @ \$900.00 each: _____

ORDER TOTAL: _____

_____ **I'm paying by check (Pay to the order of Keystone Research Center)**

_____ **I'm paying by credit card**

Card number _____

Expiration date _____

Please mail completed registration form—with credit card information included or check enclosed—BY FRIDAY, MAY 16TH to:

**KEYSTONE RESEARCH CENTER
412 N 3RD ST
HARRISBURG PA 17101-1346**