

18TH ANNUAL Celebration Awards



Hosted by the Celebration Awards Committee of Lehigh & Northampton Counties

Registration Form

Hosted by: Celebration Awards Committee of Lehigh & Northampton Counties

Date: March 27, 2024

Time: 11:30 am

**Location: The Lehigh Valley Hotel & Conference Center
300 Gateway Drive, Bethlehem, PA 18017 (Wheelchair Accessible)**

This event is open to the public. Tickets are \$25 each and include salad, bread, a selected lunch entree, dessert, coffee, and tea, as well as the Celebration Award presentation. If you have questions or need help with registration, please email celebration.committee.15@gmail.com.

Register online at <https://arcoflehighnorthampton.org/2024celebrationawards/> or complete **this form** and send it, with your check (\$25 per registrant), payable to The Arc of Lehigh and Northampton Counties, to:

The Arc of Lehigh and Northampton Counties
Celebration Awards
2289 Avenue A
Bethlehem, PA 18049

Please select the entrée choice and note accommodations for each ticket purchased.

***Registration forms must be received by March 13, 2024.**

Attendee 1

Name: _____

Email Address: _____ Phone: _____

Meal Selection (choose one): Chicken Marsala Pasta Primavera

Please list any food allergies or other dietary restrictions: _____

Please list any event and/or seating accommodations: _____

Which honoree are you celebrating? _____

Please indicate if you would like to sit with a specific guest(s). If so, please provide their name(s): _____

Registration for additional attendees is on the back. Please ensure your check includes \$25 for EACH registrant.

Attendee 2

Name: _____

Email Address: _____ Phone: _____

Meal Selection (choose one): Chicken Marsala Pasta Primavera

Please list any food allergies or other dietary restrictions: _____

Please list any event and/or seating accommodations: _____

Which honoree are you celebrating? _____

Please indicate if you would like to sit with a specific guest(s). If so, please provide their name(s): _____

Attendee 3

Name: _____

Email Address: _____ Phone: _____

Meal Selection (choose one): Chicken Marsala Pasta Primavera

Please list any food allergies or other dietary restrictions: _____

Please list any event and/or seating accommodations: _____

Which honoree are you celebrating? _____

Please indicate if you would like to sit with a specific guest(s). If so, please provide their name(s): _____

Attendee 4

Name: _____

Email Address: _____ Phone: _____

Meal Selection (choose one): Chicken Marsala Pasta Primavera

Please list any food allergies or other dietary restrictions: _____

Please list any event and/or seating accommodations: _____

Which honoree are you celebrating? _____

Please indicate if you would like to sit with a specific guest(s). If so, please provide their name(s): _____