



Chicago Claim Association &  
Chicago Home Office Life & Health Underwriters Association  
2008 Holiday Celebration

Registration Form

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Please Choose One:

\_\_\_\_\_ Prime Rib\*      \_\_\_\_\_ Chicken Florentine\*

\*above entrees served with a caesar salad, green beans and garlic mashed potatoes.

Vegetarian option available upon request.



Dinner Reservation: Chicago Claim Association Member - \$60.00      Guest - \$65.00



Dinner Total: \_\_\_\_\_

Please make checks payable to the Chicago Claim Association or to pay by credit card complete the information below:

Card#: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Amount Authorized to charge: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail payments to: Terri Bomkamp. P.O. Box 7948, Lake Forest, IL 60045

phone: 847-283-3506 • fax: 847-615-3539 • email: terri.bomkamp@trustmarkins.com

All payments must be received by December 4, 2008.