



State of the City
Beau Rivage
January 27, 2010

Reservation Form

Business Name: _____

Contact Name: _____

Address: _____

City, State & Zip: _____

Phone: _____ FAX: _____

E-mail: _____

Table(s): _____ @ \$300 (10 people per table)

People: _____ \$30 per person **Total due:** _____

Visa or MasterCard

Credit Card #: _____ Exp. date _____

Authorized Signature: _____

Please mail check - Payable to:

Biloxi Bay Chamber of Commerce, P.O. Box 889, Biloxi, MS 39533

FAX completed form to: 228-435-6327