

GUEST PREFERENCES FORM

If you will be attending meals as a guest, please fill out this form so that we know your meal preferences and can try to accommodate any special needs you may have.

First Name: Last Name:

Who will you be a guest of?

First Name: Last Name:

Will you be attending the opening reception? YES NO

Are you interested in attending the post-conference music performance? YES NO

If you will be attending the dinner banquet, please circle your main entree choice.

Beef Salmon Vegetarian

List or describe and dietary needs or restrictions:

Do you have any other special needs or require any special accommodations? If so, please describe.

If you have any questions or concerns about such needs, please contact Liz Klimek at liz.klimek@scmuseum.org or 803-898-4985.