

“Amore! The Taste of Italy”

Friday, April 18, 2008, 6:00pm

Reservation Form

Company Name: _____ Phone #: _____

Contact Name: _____ Email: _____

Address: _____

Table Level: **“Roman” Gold Table - \$5,000**

“Venetian” Silver Table - \$3,500

“Florence” Corporate Table - \$2,500

“Tuscan” Personal Table - \$1,500

I have enclosed a check for \$ _____ Check # _____

Please charge my credit card:

Visa

Mastercard

American Express

Credit Card # _____ Exp. Date _____

Signature: _____

Please send me an invoice for my table reservation.
(To be included in the “*Amore! The Taste of Italy*” program book, invoices should be paid by **March 1, 2008**)

Please complete this form and return to the Boise Philharmonic office:

**516 S. 9th Street
Boise, ID 83702**

Or fax to 208-336-9078

If you have any questions, please contact Lindsey Leslie at 344-7849 or by email at lindsey@boisephilharmonic.org.