



45th Anniversary & Awards Gala

Monday, March 7, 2016

5:30 - 9:30 pm

Bissingers

1600 North Broadway
St. Louis, MO 63102

Join in celebrating **45** years supporting achievement of best practices in project delivery and recognition for:



- ◆ Construction Industry Best Practices Awards
- ◆ Diversity and Inclusion Awards
 - ◆ Inclusion Champions
 - ◆ Minority / Woman Business Enterprise of the Year
 - ◆ Organizational Excellence for Inclusion

Cocktails, Hors D'oeuvres, Entertainment, Dinner & Awards – Couples / Guests encouraged

***** Registration via WWW.SLCCC.net ... or return by February 29, 2016 *****

Please make reservations so that we can provide sufficient meals and materials. If you cannot attend, you may send a substitute. Otherwise, please call to cancel. Uncanceled reservations will be invoiced.

Tables for 10 (no.) _____ Members - \$1,250 Nonmembers - \$2,000.
Names (if known at this time) or attach separate list

Name	Organization	E-mail	SLCCC member \$125.	non member \$200
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Sponsorships

Benefits	Arch	Forest Park	River	45 th
Choose one ►	<input type="checkbox"/> Bar <input type="checkbox"/> Hors D'oeuvres <input type="checkbox"/> Entree	<input type="checkbox"/> Entertainment <input type="checkbox"/> Salad <input type="checkbox"/> Dessert	<input type="checkbox"/> Center pieces <input type="checkbox"/> Coat check	
Recognition in AV's ►	Company Logo (Dominant listing)	Logo (Dominant listing)	Company Logo	Listed
Recognition in program ►	Company Logo (Dominant listing)	Company (Dominant listing)	Company Logo	Listed
Complimentary registrations ►	4	2	1	
Cost ►	\$3,000	\$2,000	\$1,000	\$450

Charge to my Credit card: American Express Discover MasterCard Visa CVV/CVC Code _____ \$ _____

Acct No. _____ Expiration Date _____ Billing zip code _____

Name on card (print) _____ Signature _____

Does any registrant have a disability or special dietary need which needs accommodation? Yes No

If yes, what type of accommodation is needed? _____

Check enclosed Invoice to:



Name _____ Organization _____ Phone _____ E-Mail _____

Please return to:



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Visit us on the web at www.slccc.net