



# 31st Annual Robert Burns Dinner

January 31st, 2009

Seawell's

1125 Rosewood Drive, Columbia, SC  
6:00 PM - Gathering • 7:00 PM - Dinner

***\*Please make your check payable to the RBSM and return it with this completed form to the address listed below by January 15th, 2009.***

***No Reservations or Entrée Substitution after Jan 26th!***

<b>*Robert Burns Dinner</b>	<b>**Cost:</b>	<b>By: Jan 15th</b>	<b>Jan 20th</b>	<b>Jan 26st</b>
<b>c/o Robert Burns Society</b>	<b>Adult RBSM Member</b>	\$50.00	\$55.00	\$60.00
<b>of the Midlands</b>	<b>Adult RBSM Non-Member</b>	\$55.00	\$60.00	\$65.00
<b>P.O. Box 1953</b>	<b>Child (12 years and Under)</b>	\$15.00	\$20.00	\$25.00
<b>Columbia, SC 29202-1953</b>				

\*\*The Robert Burns Society of the Midlands is a recognized 501 (c)(3) charity under IRS rules (tax id #57-0682607). Said rules provide that only amounts paid in excess of the value of the goods or services is a charitable contribution. We estimate the fair value of goods and services received to be \$42 and \$12 for each adult and child ticket, respectively.

**All seating will be reserved. There will be tables of eight or ten. List all names of your party on the same reservation form. Tickets will be mailed on Jan 15th!**

**Please print the name of each person in your party as you wish the name to appear on the name tag. Please indicate the choice of entrée and the amount for each person.**

- (B) Prime Rib with rosemary potatoes, green beans almandine and vegetable medley
- (F) Stuffed Flounder with rice, green beans almandine and vegetable medley
- (C) Chicken Cordon Bleu with rice, green beans almandine and vegetable medley
- (V) Vegetarian Quiche, rosemary potatoes, green beans almandine and vegetable medley

Name (Print)	(B,C,F,V)	Member	Non-Member	Child
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
		Sub-Total \$ _____	\$ _____	\$ _____
<b>Total (Member+Non-Member+Child)</b>	<b>Total</b>	<b>\$ _____</b>		

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: (Day) ( ) \_\_\_\_\_ (Evening) ( ) \_\_\_\_\_

For further information, call Lois Lockhart at 798-2206 or leave a message.