



BREAKFAST Meeting RSVP FORM  
EMAIL to: [info@pgrtaz.org](mailto:info@pgrtaz.org) or FAX to: (480) 922-5283

Meeting Date: \_\_\_\_\_

Speaker: \_\_\_\_\_

Topic: \_\_\_\_\_

RSVP Deadline: NOON on the Thursday preceding the meeting  
PGRT accepts checks or cash and does not accept debit or credit cards

Fee for <u>pre-paid</u> members	\$ 0
Breakfast fee for <u>members</u> without pre-paid meal option	\$ 30
Breakfast fee for <u>non-members</u> attending as our guest	\$ 40

\_\_\_\_\_ I am a member and have pre-paid for meals

\_\_\_\_\_ I am a member with my meal fee due at the meeting

\_\_\_\_\_ I am a guest and will pay the guest fee at the meeting

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

Company: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Telephone: \_\_\_\_\_