



**BD DineAround Reservation Form**

**Geno's Steaks :: The Best cheese steaks in Philadelphia.  
(Monday, October 5, 2009 @ 7:30pm)**

To secure your seat on the bus going to South Philly, please fill out this form for your \$10/round trip ticket to Geno's, but **don't forget to bring cash** to pay for your 100% Authentic Philadelphia Experience. The Bus's will be leaving from the front of the hotel at 7:30pm after Monday's Reception.

**A Word of Warning!**

Be prepared and know how to order, because the service is fast and the line keeps moving. For example, on a cheese steak with onions specify which kind of cheese you'd like (Provolone, American or Cheese Whiz). By the time you have given your order, your money will be taken and your sandwich will be out the window nice and hot! At the next window you can pick up your soda, fries and coffee. Geno's is open 24 Hours a Day, 7 Days a week. There is no indoor dining, but there are tables under canopies on the sidewalk for those who wish to enjoy sandwiches on the premises rather than drive off with them.

<b>Geno's Menu</b>	
Steak Sandwich \$7.25	Freedom Fries \$3.00 • Cheese Fries \$4.00 •
Cheese Steak Sandwich \$8.00	Xtra-Cheese Fries \$5.00
Pizza Steak Sandwich \$8.50	Soda \$1.50 • Bottled Water \$1.50 • Hot
Italian Hoagie \$8.00	Chocolate \$1.00
Roast Pork Sandwich \$7.25	Coffee .75¢ • Tea .75¢

NSCP can only accept your reservation with full payment in advance. This payment is nonrefundable once it is received.

**Please complete your form with your credit card information and Fax to 860-672-3005  
Payment must be accompanied with form for your reservation to be valid.**

**This event is only open to persons who are registered to attend NSCP's conference -  
this includes attendees, speakers, exhibitors, and sponsors.**

Dinearound participants are asked to meet at 7:15pm in the hotel lobby prior to departure.

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**Name of DineAround Attendee:** \_\_\_\_\_

**PAYMENT OPTIONS**

MAKE YOUR CHECKS PAYABLE (in USD) TO "NSCP" and mail to 22 Kent Road, Cornwall Bridge, CT 06754 - or -

BY CREDIT CARD (in USD):  MasterCard  Visa  American Express\*\*\*

Account No. \_\_\_\_\_ VCode \* \* \_\_\_\_\_ Expiration Date \_\_\_\_\_ Billing ZIP Code \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Print Cardholder's Name \_\_\_\_\_ Amount (in USD) \_\_\_\_\_ Date \_\_\_\_\_  
\*\*Please include your 3 digit VCODE from the back of your Visa or MasterCard or 4 digit\*\*\* VCODE from the front of your American Express credit card. It is now required for credit card charges.