

BID REGISTRATION

Name of Registrant:

Mr./Mrs./Ms. _____

Table guest of (if applicable):

Mr./Mrs./Ms. _____

PAYMENT AUTHORIZATION

My signature authorizes Le Lycée Français de Los Angeles to assign a Gala 2009 auction bid number. Successful bidders will be charged automatically at the end of the auctions. Your credit card will be charged only if you are a successful bidder.

Please charge my credit card: MasterCard Visa

Card Number _____ Exp. Date _____ / _____
(Month/Year)

Name: _____
(as it appears on the card)

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Phone Number: _____

E-mail: _____

Please return your completed form to:

Mme Ida Moghoyan
Le Lycée Français de Los Angeles
3261 Overland Avenue
Los Angeles, CA 90034
(310) 836-3464; Fax: (310) 558-8069

Office Use Only:

Bid No: _____

Table No: _____