



You have to eat!



Why not get some networking done while you're at it?

The ARCC wants to feed your success, so please join us for the following Networking Luncheons!

- **Wednesday, Sept. 15th at The Boardwalk Restaurant, Lower Amherst St., Lake George** (register by Sept. 10)
 - **Wednesday, Oct. 6th at Six Flags Great Escape Lodge, 89 Six Flags Dr., Queensbury** (register by Oct. 1)
 - **Wednesday, Nov. 10th at The Fun Spot (catered by Rainer's), 1035 State Rt. 9, Queensbury** (register by Nov. 5)
 - **Friday, Dec. 10th at Crandall Public Library - Community Room (catered by Panera Bread), 251 Glen St., Glens Falls** (register by Dec. 7)
- Lunch times are 11:45 a.m. to 1:00 p.m.—No walk-ins please.**

- Pass the time seated at a table of six to eight people. Relax with a delicious lunch and activities that will have each person give an easy one-minute commercial about themselves and their company.
- Each table will produce one or two people to give a one-minute commercial to the entire group.
- Please bring a stack of business cards for our "Business Card Table." You will be able to pick up the cards of those people you would like to meet.
- \$15 per person per luncheon for ARCC Members/\$25 per person for non-members. Questions? Contact Patti Pepe at 798-1761 or e-mail her at ppepe@adirondackchamber.org

PLEASE REMEMBER—IF YOU MAKE A RESERVATION, YOU ARE RESPONSIBLE FOR PAYMENT!

Return this registration form with payment to:

ADIRONDACK REGIONAL CHAMBER OF COMMERCE, 136 Glen St. Suite 3, Glens Falls, NY 12801
Phone: 518-798-1761 Fax: 518-792-4147 www.adirondackchamber.org

Register me for:

- | | |
|---|---|
| <input type="checkbox"/> Sept. 15 at The Boardwalk Restaurant | <input type="checkbox"/> Oct. 6 at Six Flags Great Escape Lodge |
| <input type="checkbox"/> Nov. 10 at The Fun Spot | <input type="checkbox"/> Dec. 10 at Crandall Public Library |

Company: _____

City, State, Zip: _____ Phone: _____

E-mail: _____ TOTAL ENCLOSED: \$_____ ()Check ()VISA ()MasterCard

Card number: _____ CVV2 Code _____ Expiration date: _____

Billing Address: _____

Signature: _____

List attendees: _____