



EXCELLENCE IN CONSTRUCTION
★ AWARDS ★
HYBRID EVENT

WEDNESDAY, OCTOBER 20, 2021
5:00-9:00 P.M.
AQUA TURF CLUB
SOUTHINGTON, CT

*EIC will be a blend of in-person and virtual experiences. Gather in person at Aqua Turf
or tune in and attend virtually.*

Due to the developing Covid-19 situation plans are subject to change.



EXCELLENCE IN CONSTRUCTION REPLY FORM

Please print legibly as name tags will be made from this listing.

Company Name: _____

Contact Person: _____

Phone: _____ Fax: _____

E-mail: _____

Check here if you were a subcontractor on a winning project

Project: _____

PLEASE RESERVE _____ SEATS AT THE CT ABC ANNUAL MEETING

Dinner Choices: **Prime Rib**, **Chicken Marsala** (Lightly breaded & sautéed and topped with a marsala demiglace) or **Pan Seared Salmon** (A large filet, seared to perfection and served with a fresh whole grain mustard, honey & ginger glaze)

Check below if attendee is included in a sponsorship

Dress Code: *Cocktail or Dressy Professional*

- | | |
|--------------------------------------|--------------------------|
| 1. Name: _____ | <input type="checkbox"/> |
| Company: _____ (dinner choice) _____ | |
| 2. Name: _____ | <input type="checkbox"/> |
| Company: _____ (dinner choice) _____ | |
| 3. Name: _____ | <input type="checkbox"/> |
| Company: _____ (dinner choice) _____ | |
| 4. Name: _____ | <input type="checkbox"/> |
| Company: _____ (dinner choice) _____ | |
| 5. Name: _____ | <input type="checkbox"/> |
| Company: _____ (dinner choice) _____ | |
| 6. Name: _____ | <input type="checkbox"/> |
| Company: _____ (dinner choice) _____ | |
| 7. Name: _____ | <input type="checkbox"/> |
| Company: _____ (dinner choice) _____ | |
| 8. Name: _____ | <input type="checkbox"/> |
| Company: _____ (dinner choice) _____ | |
| 9. Name: _____ | <input type="checkbox"/> |
| Company: _____ (dinner choice) _____ | |
| 10. Name: _____ | <input type="checkbox"/> |
| Company: _____ (dinner choice) _____ | |

PAYMENT METHOD:

Please invoice (*CT ABC members only*) Check (payable to CT ABC)

Pay by CC: AMEX MC VISA Discover

Account # _____

Exp: ___/___/___ 3 or 4 digit V-Code: _____ Billing Zip Code: _____

PRICING:

Members:

\$100 per person
\$975 per table of 10

Non-Members:

\$125 per person
\$1,250 per table of 10

FAX TO: 860.846.6929

Or mail to the CT ABC Office:
35A Robert Jackson Way
Plainville, CT 06062

EMAIL TO:

Suzanne@ctabc.org