
_____ Yes, I/we will attend the afternoon of conversation
and food with **Niloufer Ichaporia King**

Members, \$45 per person; Non-members, \$50.00 per person

_____ Member(s) \$ _____

_____ Non-member(s) \$ _____

Enclosed is my check for \$ _____

Make checks payable to **SACHI**

Mail to **PO Box 60542, Palo Alto, Ca. 94306**

Questions, please call 650.353.7846
