



ASID Designer Runway@ the Laguna Design Center

Wednesday June 15th, 2011 ■ 5:30pm to 10:00pm

TEAM PARTICIPATION FORM

TEAM NAME: _____

TEAM LEADER: _____

TEAM MODEL: _____

TEAM MEMBERS (FOUR TOTAL):

1. _____

2. _____

3. _____

4. _____

TEAM LEADER'S NAME: _____

CELL PHONE NUMBER: _____

E MAIL ADDRESS: _____

ASID AFFILIATION: _____

*ALL MEMBERS OF A TEAM MUST EITHER BE AFFILIATED WITH ASID
OR WITH A SHOWROOM IN THE LAGUNA DESIGN CENTER

Contact information for interest and questions:

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