



# W6TRW 56<sup>th</sup> Annual Awards Meeting 2024

## Guest Speaker: Dr. Jon Arenberg

### "The James Webb Space Telescope"

### Saturday, Nov. 9th, 2024

### 5:00-8:00 pm

### The Depot Restaurant - Kimono Room

### 1250 Cabrillo Ave., Torrance, CA

Cost is \$35 per person for both Current Member & Non-Member Guest - (Non-Refundable)

\*Field Day Band Captains - Charge Waived

Please complete the attached form.

Reservations must be made in advance by writing or email. No verbal reservations

Payments at the door will not be accepted.

Family Style - "The Southwest" - Sonoran Roasted Beef (with Creamy Mash Potato), House Smoked Chicken (with Chipotle Cream, Sweet Corn & Bowtie Pasta), Pan Roasted Fresh Fish (with Salsa, Roasted Vegetables).

Citrus & Cilantro Vegetable Salad, Fresh Bread and Assorted Desserts. Drinks: Canned Soda, Water, Coffee

- Restaurant will accommodate Guests with Food Allergies. Must **notify** in advance.
- Cash Bar is cash only. No credit cards accepted.

Agenda: 5:00 pm - Guest Arrival; Serve Meal; 6:00 pm Presentation Begins; 7:00 pm Club Business, Raffle Door Prizes

For digital payment with Venmo, Zelle, or PayPal, please email your completed form to Club President Dylan Mutz, at [dylon.mutz@gmail.com](mailto:dylon.mutz@gmail.com). Use the same email address to make a payment. If asked, "9745" are last 4 phone number digits used for verification. (For PayPal, please ensure you do not select "Paying for an item or service". We are not a business and payment will be taxed if you select this option.)

For check payment, please make payable to the SPSC AMATEUR RADIO ASSOCIATION and mail form and check to:

NGRC SPSC Amateur Radio Association (Banquet)  
 One Space Park, Mail Stop: NGRC K09774/S  
 Redondo Beach, CA 90278-1071

RSVPs need to be received by Friday Nov 1<sup>st</sup>. Reservation requests will be confirmed by email from KE6YEX, [Greg.Shreve2@ngc.com](mailto:Greg.Shreve2@ngc.com) no later than Nov. 3rd.

Please complete the form below and note any Dietary/Allergy Restrictions. Return this page with your payment.

Ensure you write clearly.

Club Member Name		Call Sign
Dietary / Allergy Restriction Request		
Guest # 1 Name		
Dietary / Allergy Restriction Request		
Guest # 2 Name		
Dietary / Allergy Restriction Request		
Home Address - City, State, Zip		
Email	Daytime Phone	

- *COVID Restrictions for indoor events - We will notify guests of any updates.*