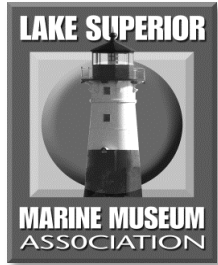


The Lake Superior Marine Museum Association

Board of Directors invites you and your guests to the

2016 Annual Dinner Meeting Thursday, January 14, 2016

Holiday Inn Hotel & Suites – Great Lakes Ballroom
200 West First Street, Duluth, MN



5:00 pm

Social Hour

6:00 pm

Welcome and Dinner

6:30 pm

LSMMA Annual Meeting, Sponsor and Volunteer Appreciation – Janell Mussman, President
New Board Members Announcement

Museum Report – Denise Wolvin, Executive Director, Lake Superior Maritime Visitor Center
Concluding Comments – Janell Mussman, President

MENU - Your choice of Entrée

Filet Mignon, bacon wrapped and char-grilled. Served with mushroom ragout. **\$35 per person**

Grilled 8 oz. Atlantic Salmon Fillet topped with Buerre Monte. **\$27 per person**

Chicken Marsala, seasoned chicken breast sautéed in clarified butter with garlic, shallot, fresh mushroom and sweet Marsala wine. Served on pasta with fresh vegetable and rich veal demi. **\$25 per person**

All entrées can be made Gluten-Free

Entrées include Caesar salad, bakery fresh bread, fresh seasonal vegetable and New York Vanilla Cheesecake.

HOTEL RESERVATIONS - Coming from out of town

To make your reservations, please call Holiday Inn at 218-722-1202 and mention LSMMA.
Reserve by January 8 to receive the special meeting rate of \$99

Thank you for your continued support. Dinner tickets will be held for you at the door. Spouses and guests welcome.



ANNUAL DINNER MEETING RESERVATIONS

Please RSVP by Thursday, January 7.

To respond, please mail this form with payment to:

LAKE SUPERIOR MARINE MUSEUM ASSOCIATION
P.O. Box 177, Duluth, MN 55801

Attendee Information

Please print names as you wish them to appear on your nametags. Circle your entrée choice after your name.

First Name _____ Last Name _____

Entrée Choice - Filet / Salmon / Chicken

Gluten Free _____ Cost _____

First Name _____ Last Name _____

Entrée Choice - Filet / Salmon / Chicken

Gluten Free _____ Cost _____

First Name _____ Last Name _____

Entrée Choice - Filet / Salmon / Chicken

Gluten Free _____ Cost _____

First Name _____ Last Name _____

Entrée Choice - Filet / Salmon / Chicken

Gluten Free _____ Cost _____

Paying by Check: please make checks payable to - LSMMA **TOTAL COST** _____

Credit Card: (circle one) MC / VISA / DISC / AMEX _____ - _____ - _____

Expiration date: _____ - _____