



POUGHKEEPSIE MAN TO MAN



Prostate Cancer Education & Information Support Program since July 1993

Meetings to date 194

Man to Man (M2M) is an educational, not for profit, prostate cancer support program of the American Cancer Society. It is a forum for discussing medical developments & experiences. Protocols discussed at M2M meetings are sometimes based on anecdotal information. It is always advisable to consult a physician before adopting any form of treatment.

July 10 and August 7, 2008

Issues 7 & 8

PCa Round Table / Nutrition & Supplements

Joint meetings of the Man to Man/Side by Side, the prostate cancer support and education programs sponsored by the American Cancer Society, were held the 1st Thursdays, July 10 and August 7, 2008 at 6:30 PM. Meetings are usually held in the Central Hudson Auditorium off of the Academy Street Exit, Rt 9, in Poughkeepsie.

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Any Questions? We're here!

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American Cancer Society Information

Local ACS # 845-452-2932

1-800-ACS-2345 or WWW.Cancer.Org

July 10 M2M Program

The format was a group discussion with M2M and SXS formed in a circle. The topic was what was of no or little value, didn't work and/or was a negative experience in the course of our treatment. Though pessimistic-sounding, we learned from others' experiences and we tried to end on an upbeat stroke.

Tried as we might, it wasn't easy to stay on the topic, because some of the men had immediate concerns, usually dilemmas at being at a cross-road. Only one man said he had no regrets about his therapy decision, his prostate related experiences along the way, and of course the outcome of his treatment.

In a meeting such as this one (forming a group circle), personal stories were front and center, much more so than when using a traditional format. Consequently, we got to know one another a little better, while getting good information to use

in going down the winding path which PCa invariably takes us. It was good to have the women in the group. We hope in future such meetings they will be more willing to share their unique perspectives as wives or significant others of their men afflicted with PCa.

Mike Kulla M2M

Newcomers and PCa July , 2008

There were no Newbies at this meeting.

Herb Ilker, PCa 101, M2M Poughkeepsie

August 7 M2M Program

NUTRITION AND SUPPLEMENTS FOR PROSTATE CANCER

In the M2M meeting of Aug. 7, 2008 two video presentations were shown from the September, 2007 PCRI Conference. They appeared to be of great interest to the audience. One was by Professor T. Colin Campbell entitled "Effect of Diet on PCA." The other was by the ever-popular Dr. Charles "Snuffy" Myers on " Impact of Supplements."

Professor Campbell is a Professor emeritus of nutritional biochemistry from Cornell University. He said immediately that his study was broader than prostate cancer. The comments applied generally to many or all cancers. Cancer is in his opinion a continuum which takes a long time to develop and only manifests itself in the final stages. The promotion stage takes years to progress.

Proteins play an important role in cancer. In his first studies of rats with liver cancer he found that larger amounts of protein (20% of diet) would make the cancer progress rapidly and lower amounts (5% of diet) would almost stop the progress. The cancer could be turned on and off

by varying the quantity of protein (casein – a milk product) in this case.

Dr. Campbell was raised on a dairy farm and was shocked by his studies that indicated that all animal proteins are harmful including meat, milk, cheese, butter, etc. These are supposedly healthy foods. Vegetable proteins are healthy, but animal proteins are not.

He contrasted the behavior of vegetable proteins with animal proteins. Animal proteins cause the cancer to progress; vegetable proteins do not and cause the cancer to reverse. He backed this with data from the " China Study," a study and book he wrote with his son about breast cancer studies in China where there were regional differences between "poor" areas and "affluent" areas. The poor areas had sparse vegetable diets and the affluent areas had more meat and animal products. Not only was cancer higher in the affluent areas but also leukemia, diabetes and coronary disease (elevated cholesterol was also found).

He also found that the extensive woman nurses study in Massachusetts tried to correlate breast cancer with fat in the diet over a large range, but was unsuccessful. There was a notion that taking the butterfat out of milk would make it healthier, but in reality skim milk was making the animal protein richer.

Dr. Campbell's conclusion was that for minimal disease a plant based, whole food diet is essential with whole vegetables, fruits, grains; and little or no added salt, sugar, fat/oil or processed foods.

Dr. Charles (Snuffy) Myers spoke about foods, diets and supplements and their effects on prostate cancer.

He started by saying that some diets like the Ornish diet are difficult to follow. The Ornish diet has no fats and no animal products. Other diets recommend no sugar and starch. Others recog-

nize that low protein slows cancer, and others require no acid-containing foods.

Dr. Myers is all for a common sense diet which people can maintain. It must be good for general health. It should not require expensive or exotic foods. It would allow a menu that most would find attractive, and food preparation should not take too much time.

He cited three diets linked to male longevity: Okinawan, Seventh Day Adventist and the Mediterranean which he favors. It has fish, beans, grains, fruits, wine, olive oil and nuts.

Of many Mediterranean diets, he indicated that those of Crete and Sardinia are good examples.

The Sardinian diet is easiest to sell:

- Not low fat – up to 40% of calories
- Olives and olive oil
- Almonds, pistachios, hazelnuts
- Red wine
- Pomegranates and other fruits
- Ingredients which are widely available

Typically, a Mediterranean diet has a small amount of red meat two to four times a month and fish three times per week.

He is only aware of one clinical study focusing on Mediterranean diet, at the U. of Worcester, where PSA doubling time had a 2/3 reduction after PCA recurrence.

Grilled red meat is the worst part of the American diet. In addition, burning or charring the meat creates a known carcinogen. Grilling became popular after World War 2. He knows of no society of red meat eaters with long lives.

Fish three times a week has led to a 44% reduction in metastatic cancer. Half a gram of fish oil per day also helps.

Red wine appears to be good. The alcohol in 8 small glasses per week is not harmful, and the overall effect is beneficial.

Fats such as the monosaturated oils in olives and nuts are good.

Pomegranate. A paper from prominent investigators who did the study found that 8 oz./day in 44 prostate recurrent men caused their PSA doubling times to increase from 15 months to 54 months. Other studies at UCSF showed blood flow improvement and lower blood pressure. Only the diabetics have trouble with high sugar content, but a sugar free pill is being developed.

Tomatoes. The lycopene in tomatoes has positive results and is an important part of the Mediterranean diet. The sugar does not feed PCA (typical misinformation). Studies at Harvard are positive with 800 out of 1200 men having success.

In summary, the Mediterranean diet is a very effective way for men with PCA to eat because the progression of the disease is reduced or reversed.

Lastly, Dr. Myers spoke about the importance of men to get vitamin D3 in their diet because most people over 70 have a deficiency in their blood. A young man can get the equivalent of 10,000 IU in the blood in 10 minutes of sunlight. Vitamin D3 should be considered a hormone because of its importance. There is a simple blood test to show whether a person is getting enough. He feels that 2000 IU of D3 per day will cut the PSA rise in half, but warns that many drug store pills do not have effective D3. He recommends the Hoffman-Roche product which is distributed by Life Extension. He also feels that as much as 10,000 IU of D3 would be appropriate for a PCA patient.

Paul Totta, co-facilitator Poughkeepsie M2M

Newcomers and PCa. August, 2008

1.) He is 81 years old. His PSA was as high as 30 with a GG of 8. He was on Proscar for several years. He is presently undergoing radiation

treatments at the local cancer center. He has had the seed implants and prior to these he had two treatments of hormones. He has no problems now except for being tired.

2.) Age not given. He has an enlarged prostate. CT scans found nothing. His PSA has been 6.2 and 6.3. Drs. recommend watchful waiting. He recently had a pacemaker installed and had planned on swimming in the New York State Empire games in the 80 - 85 year old group.

3.) He is 45 years old. He was in good health up until 2007, when his PSA rose to 37. He was tested and retested several times. CT scan of kidneys, lung and prostate showed tumors. He underwent an RP to remove the prostate and the tumors in the kidneys and lung were surgically removed. His PSA is 0.1. He has some rectum damage from surgery to remove the prostate. His doctors are now recommending radiation therapy. He is getting a second opinion.

Herb Ilker, PCa 101, M2M Poughkeepsie

ADVANTAGES OF RP AND ADJUVANT THERAPY WITH HIGH-RISK CANCER

Radical Prostatectomy (RP) has long been considered the gold standard of therapy for prostate cancer (PCa) localized in the prostate gland. Theoretically, prostate surgery was not offered to men with high-risk PCa, but in actuality many such men received it. Stories from new M2M men attest to this. A ban on surgery for high-risk men is now being challenged.

Dr. Charles "Snuffy" Myers summarizes some of the recently reported results and he concludes that high-risk men do quite well after RP, if the cancer is confined to the prostate gland and the margins are negative. Even for the non organ-confined, with negative margins and PSA doubling time slower than 9 to 12 months, men do OK up to ten years.

The full benefit of RP is not apparent from these

results. When the prostate gland is still intact, Myers says, it is "often the site for the emergence of hormone refractory and even chemo refractory PCa," perhaps because the gland can contain such a large cancer population, he says. Dr. Myers proposes that surgeons could more completely remove the lymph nodes when implicated, eliminating the need for adjunctive radiation therapy. In robotic prostatectomy, the surgeon surveys the field under enhanced magnification which may further facilitate identification and removal of diseased nodes before they move to the bone. The role of key genes are being identified as well as markers for cell behavior that are important for metastases.

There are other options for improving the results of surgery for high-risk cancer. Adjuvant hormone therapy using Zoladex compares favorably with adjuvant radiation therapy. Myers thinks the next step is to look at hormonal therapy combined with radiation therapy for longer-term control of patient-free disease.

We need to know with greater certainty the location of the cancer. The Combidex scan is a recent advance in improving lymph node metastases detection as is the Sentinel node technique. It's still not known how much radiation is needed to rid cancer from the lymph nodes. Cyberknife, Tomotherapy and high-end IMRT can administer much higher doses of radiation that have yet to be tested in controlled studies.

Myers believes that prostate surgery is "undergoing a revolution." Robotic surgery significantly reduces side effects, but we don't yet know how to effectively apply it in high-risk cases.

Sources: Prostate Forum Vol 10, No 8, June 2008 and several earlier editions.

Mike Kulla, co-facilitator M2M Poughkeepsie

Joke du Jour

A 60-year old retired executive married a 30-year old shapely brunette, His friend said with surprise: "How did you get her?" The 60-year old replied: "She thought I was 90."

THOUGHTS DU JOUR

- *Of all the things I wear, my expression is the most important.*
- *The best vitamin for making friends...B1*
- *The heaviest thing I can carry is a grudge.*
- *One thing I can give and still keep is my word.*
- *I lie the biggest when I lie to myself.*
- *If I lack the courage to start, I have already finished.*
- *One thing I can't recycle is wasted time.*
- *My mind is like a parachute...it functions only when open.*
- *The ten commandments are not a multiple choice.*
- *The pursuit of happiness is a chase of a life - time. It is never too late to become what I might have been*

Mike Kulla, co-facilitator M2M Poughkeepsie

RESEARCH SQUIBS

TESTING MEN OVER 75

Recently, a news release was published in most newspapers in the US. The title headline was, "Why Not Test Older Men for Prostate Cancer". There were other variations of this title. The gist of the article was that we should not test men over 75 years of age. The article was in the form of question and answer and is riddled with inconsistencies which I will explain.

The recommendations were made by the U.S. Preventive Services Task Force. Unbelievably, this task force did not have any urologists or oncologists on it. The doctors were pediatricians and gynecologists.

Let's get down to brass tacks. First question was, "Why shouldn't older men be tested"? The answer was that the men would more likely be hurt by the test and, since it might take ten years to prove deadly, the men would likely have died from other diseases. Also, they stated that there is not good evidence that screening does any good.

How cavalier, for them to say, oh, they will die of something else anyway. How about the millions of us, who are in good shape, and will live past ten years. How about the millions of men who would want to know where they stand, so that they could make their own decisions of treatment.

As for the no evidence statement, how do they explain the huge drop in deaths from 40,000 in 1995 to the present number of 27,000. This was purely from PSA testing which reversed the Stage 3 and 4 findings to mostly Stage 1 and 2 today.

Next question: "But isn't cancer always deadly"? Answer-"Not necessarily". Of course this is true. But, since we do not have a definitive test to separate benign cancer from deadly cancer, it is foolish to say that we don't have to test slow growing cancers. The data for this was gathered after the fact of follow-up studies and not before treatment. Researchers all over the world have been trying to find a test for benign cancer.

Here is one of the best. Question: How could a harmless blood test hurt you? Answer: PSA has a lot of false positives and this leads to unnecessary biopsies and treatments with serious complications.

Wow! I guess they don't give us much credit for brains. Only an idiot would proceed to a biopsy after a PSA test without several other tests, which would likely sort out the false positive. These tests would be: a DRE, an ultrasound using 3D color Doppler and a Spectroscopic MRI. The last 2 tests are very good in spotting

cancer foci. By the way, these same statements have been used several times before & it seems that people tend to read and use these arguments over and over as if they were gospel. Men, make up your own mind about your own body. Educate yourselves & proceed accordingly.

MUSHROOM

Mushrooms are known to be an immune booster which modifies advancing cancer. The Japanese great success with AHCC, with much supporting research, is one example.

Finally, human trials will be undertaken by the City of Hope in California. It will be based on laboratory findings that show hormonal changes affecting prostate cancer.. The effects were seen by using the equivalent of 5 button mushrooms a day. It seems that they are an aromatase suppressor and booster of conjugated linoleum acid. These compounds seem to be anti-cancer.

The source is News-Medical. Net

FUNGUS CAUSING CANCER

This theory is from Dr Simoncini of Italy. The explanation is that the fungus, Candida, is the instigator of cancer. Here is how it works. Candida roots itself in deep connective tissues and organs. As a result, the body reacts to protect itself by engulfing the fungus with an over production of these protective cells. This leads to the growth of a tumor. The Candida is adaptive and spreads to other cells and organs. The body becomes exhausted fighting the fungus as it spreads more rapidly. This is called metastasis and usually results in death.

Dr Simoncini has achieved a cure rate of 99% for breast and bladder cancer. His treatment is unique. He uses baking soda, which is a potent anti-fungal substance that does not allow the cancer to adapt to it. But, you don't eat it. It must be injected into the tumor over a several day period. The theory of a fungus being causal is not new. Dr Hulda Clark has written a couple of books on this and she runs a clinic in Indiana,

which has had good success with cancer when the fungus is wiped out by her use of multiple plant extracts over a short period of time.

Jim Kiseda, co-facilitator M2M Poughkeepsie

ALL ABOARD

DISCREDITING VITAMIN D?

The Journal of the National Cancer Institute recently concluded from a study that Vitamin D does not reduce the risk of prostate cancer (PCa), and furthermore, they concluded that higher levels of active Vitamin D increases the risk of more aggressive forms of PCa. These results are very surprising given that many other studies show that high levels of active D have strong anticancer effects.

Life Extension, therefore, decided to meticulously dissect this government-funded study. Here's what they found: Only a small percentage of the men (6.3%) who had PCa took at least 1000 IU of Vitamin D a day. Furthermore, the Vitamin D blood levels of the majority of the study subjects were so low overall that they most probably took no Vitamin D whatsoever. The headline hungry media reported on this study suggesting there was no value in taking Vitamin D supplements when in actuality it appeared that most of the study subjects weren't taking Vitamin D like they were supposed to. There were numerous other flaws that made the findings irrelevant. The sad fact is that it will dissuade many aging men from taking Vitamin D, especially so that it was in a government-funded journal. This was great news for pharmaceutical companies who sell drugs to treat many degenerative diseases caused by Vitamin D deficiency.

Source: Life Extension Update (6/3/08)

RADIO WAVES NUKE CANCER

Rick Kansius has no background in the field of cancer research. In fact, he has not gone to college. Six years ago he was diagnosed with Leukemia for which he had three rounds of chemotherapy. Due to his own trying experience, but even more to being haunted by looking at the faces of kids with cancer, he thought that there must be a better way.

As a young man he built radios from scratch and also radio wave machines. Radio waves, he knew, are harmless to people, but could they be beneficial? In a makeshift lab constructed in his garage he used radio waves to fight cancer cells that contain nanoparticles made from carbon or metals. Radio waves, he discovered, cook the cancer cells to death together with the nanoparticles in the cells. Amazingly, there is no damage to the surrounding tissue.

Animal studies using radio waves have shown excellent results. All kinds of cancers would predictably benefit. Wheels grind slowly, however, as it would take about 4 years before testing was done on humans. Kansius is trying to speed this up.

That this story was aired on 60 Minutes (CBS) and rerun on 7/20/08 attests to the fact that radio wave application seems very promising as an antidote to cancer.

CANADIAN DRUG SAVINGS SLIDE

The steady decline in the value of the US dollar is making it harder for consumers to reduce rising health costs. Americans could once expect savings of 50% by buying brand name drugs

from Canada. Now savings are closer to 25 or 30% (pharmacychecker.com, web site that compares drug prices). As a dollar watcher, I can see little or no reason for a reversal of the dollar's down trend.

Generic drugs tend to be cheaper states side. Many Americans continue to buy from Canada when generics are not available, despite the US Food and Drug Administration's stance against drug importation -- to protect US Pharmaceutical companies? Americans remain the overwhelming majority of Canadian customers.

Mike Kulla, co-facilitator M2M Poughkeepsie

Medicare Reimbursement Changes Likely Influenced Changes in Prostate Cancer Treatment

Financial pressures from Medicare reimbursement changes may have caused physicians to switch from providing hormonal-induced castration to providing surgical castration for men with prostate cancer(PCA) That is the finding of a new study published in a recent issue of **CANCER**, a peer-reviewed journal of the American Cancer Society. The study suggests that factors other than evidence based medicine may have a significant influence on treatment decisions.

Androgen deprivation, using either medical castration with luteinizing hormone-releasing hormone (**LHRH**) agonists or by surgical castration, is a standard treatment for men with PCA. The two approaches have been shown to be equally effective, but the trends in their use among Medicare patients have changed dramatically in recent years. In the late 1990's and early 2000s **LHRH** treatments waned while surgical castrations increased. To determine whether changes in Medicare reimbursements may be linked to this switch in PCa treatment, J. Stephen Jones, MD and colleagues at the Cleveland Clinic

examined publicly available data from Medicare. They found that total allowed charges for medical castration peaked in 2003 at \$1.23 billion. After the Medicare Modernization Act was instituted in 2004, total allowed charges for medical castration in 2005 dropped 65 percent from the 2003 peak.

Dr. Jones and his team note that in situations where there are no financial incentives or disincentives to prescribe a treatment, practice patterns usually change slowly. However, in this case, the change occurred in the very same years as the Medicare reimbursement changes.

While other factors such as changes in perception of the effectiveness of different types of castration or changes in PCa disease demographics could have had an effect, "the most plausible explanation of the change in practice is the change in reimbursement," the authors write. In support of their conclusion, they point out that only one of the LHRH agonists, called *triptorelin*, increased in use after institution of the Medicare Modernization Act. This drug was also the only LHRH agonist that maintained its reimbursement rate after the Medicare act was enacted.

The authors conclude that their findings suggest that financial pressures most likely contributed to prescription practices of androgen deprivation among physicians treating Medicare patients.

Source: COPING Magazine, May/June 2008

Attendance Information

Joint meetings of Man to Man (M2M) and Side by Side (SXS), the prostate cancer (PCa) support and education groups sponsored by the American Cancer Society, were held on July 10 & August 7 in the Central Hudson Electric Company Auditorium-6, Rt.9, Poughkeepsie, NY. There were 22 in July including 0 new M2M members and 5 SXSs. The August meeting had 31 including 3 new M2M members and 7 SXS.

PLEASE NOTE Pok. M2M has back issues of our newsletters & information on PCa. at

<http://www.boodrow.com>

TO ALL RECIPIENTS OF OUR NEWSLETTER.

If you are experiencing any problems with receiving the newsletter, possibly your name, address or zip code are wrong. If you are receiving duplicate or triplicate issues or if you know of any other members who are experiencing mailing problems, contact Peter & Teresa Hardin, phone: 845-897-9667, e-mail: <hardin.pt@verizon.net>, or regular ground mail: Peter Hardin, 12 Penn Street, Fishkill, NY 12524

Meetings for 2008

- October 2-Bob Carter on His Journey with PCa. "The Rest of The Story"
- November 6-TBA
- December 4-TBA

Don't let Prostate Cancer or getting older hamper your life!

A Reprint from last year with new news from 2008 and Jim

Hopewell Junction's Kiseda garners four gold medals--Hopewell Junction resident James Kiseda took home top honors in the discus, shotput, javelin and long jump in the 80 and over masters division of the past weekend's Empire State Games. Kiseda, 82, was competing in his second ESGs, after winning 3 golds and a silver in the long jump last year. Prior to last year's games he had not competed since he was in his 20's. He is planning to increase his preparation for the next Empire State Games. *"I'm going to try to train all year long."* he said.

Well he did it again! A year later.

Jim did train hard and actually won four more medals to his credit.

- Discus • Shot Put
- Javelin • Long Jump

Worth Checking
FDA Cautions Consumers Against Cancer Cures

GO TO
<<http://www.fda.gov/cder/news/fakecancer-cures.htm>>

Other PCa Programs in our areas

Support Program Meets in Kingston NY
Meetings for Prostate Cancer 101

Meetings held on the first Tuesday of every month at 4:30 PM at the Hurley Reformed Church 17, Main Street, Hurley. For further information call Diane & Walt Sutkowski at (845) 331-7241, Arlene & Bill Ryan at (845)- 338-9229

Prostate Cancer Education Forum

Held the first Monday of each month in the Greenwich (CT) Hospital, Noble Conference Center from 6:30 PM to 8:00 PM. For information and to register, call (203) 863-4277, or (888) 305-9253, or register and meeting information online at

www.greenhosp.org

Man to Man New York City
Meetings will take place at:

The American Cancer Society 132 W. 32nd Street New York, NY 10001 Accessible by N R Q B D F or 1 2 3 Trains to 34th Street Walk to 32nd Street Between 6th and 7th Avenue For information please feel free to contact: **Joelle Vasquez (212) 237- 3826** or **David Pulli (212) 237-3843**

CARE

Cancer Awareness Research Exchange
The tri-state CARE group meets the second Thursday of each month at the Ridgewood Methodist Church, located at 100 Dayton Ave., Ridgewood NJ from 7PM until.? For directions etc.
Call Harvey Kunz: 201-664-5005

US TOO NEW YORK
NEW YORK PRESBYTERIAN HOSPITAL
LOCATED ON EAST 68TH ST 1/4 BLOCK
EAST OF YORK AVE.
Call 212-946-1494 or
<info@ustoonyork.org>

Out of the Area PCa Program

MYRTLE BEACH S.C.

US TOO & THE ACS Strand M2M Program
Meeting time 6 to 7:30 PM, 2nd Wednesday of the month. Meets in the Coastal Grand Mall, HEALTHFINDERS ROOM.

FOR INFORMATION CALL
BOB JOSEFEK 843-651-5478
TOM BYINGTON 843-399-7272
JOHN MURPHY 843-357-7284

MONMOUTH COUNTY NEW JERSEY
M2M GROUPS

FREEHOLD-CHRIS PAPA (732) 946- 2694
LONG BRANCH-JEFF OZIMEK (732)542-6335
NEPTUNE-MARC GORDON (732) 774-3683
RED BANK-JOAN OTOOLE (732) 530-2468
EATONTOWN-WELLNESSCOMM(732)758-9200

OCEAN COUNTY NEW JERSEY

1. TOMS RIVER-DICK MULLER (732) 240-5717
2.TOMS RIVER-LARRY PUCCIO-(732) 349-2950

September is NATIONAL PROSTATE CANCER month
and 2008 is the 15th year of Man to Man, Poughkeepsie
Come join us at the
"Celebration of Life" dinner

Place: The Villa Borghese, Widmer Road, Wappingers Falls
Date: Thursday, September 18th, 2008
Time: 6:30 PM, Social hour (cash bar)
7:30 PM, Dinner

Entertainment: The "All Together" sounds of Brian O'Hara

Menu: Buffet
Carving station – Breast of Turkey
Sliced London Broil
Chicken Marsala
Pasta Primavera
Mussels Marinara
Roasted Red Potatoes
Seasonal Hot Vegetables
Salad Bar and Fruit Salad
Dessert and Coffee

Price: \$28 per person

Reservations are required: Mail your check and form to the address below
or bring to the next meeting.

Peter and Teresa Hardin, 12 Penn Street, Fishkill, NY 12524
RESERVATION DEADLINE: SEPTEMBER 11, 2008

Tear off and mail this form with your check or hand in at the meeting

Make your check payable to: Peter Hardin, Special Events

PLEASE PRINT!!

Name _____

Phone No.(_____) - _____ - _____

Address _____

City _____ State _____ Zip _____ E-mail _____

No. of reservations: _____ x \$28 = \$ _____