BANQUET TICKET ORDER FORM

Please complete the form below no later than November 26.

Name:				
Membership Card # or Rode	o Committee #:			
Membership Category:				
Committee City, State:				
TIC	KET INFORMATION			
Are you a Year-End Award no	ominee?	Υ	Ν	
If Yes, are you wanting to redee	em your 2 complimentary ticket	sș Y	Ν	
Special seating requests:				
Number of tickets to purchas	e:			
Number of complimentary be	anquet tickets:			
Total number of tickets:	Total (Cost:		
	cets - \$85/person 10/table			
CON	TACT INFORMATION			
Mailing Address:				
City:Phone:				
	ANQUET TICKET PAY Check, Money Order, or Credit Cards: Visa	MENT MasterCard Dis	cover	
Check Enclosed	osedCharge My Card Tota		l Amount Due \$	
		Expiration Date	· ———	
Name EXACTLY AS IS ON CARD Signature		Billing Zip Code Date		

Fax Forms w/Credit Card # to: 719.264.4937 or mail with check to: 101 Pro Rodeo Drive | Colorado Springs, CO | 80919