

TICKET ORDERING FORM

Date: _____

Person Buying Tickets: _____

Number of Tickets Desired:

Payment Information:

Credit Card: ☐ **Visa** ☐ **MasterCard** ☐ **American Express** ☐ **Discover** ☐

Card Number: _____ **Expiration Date:**_____**(mm/yy) ***

Name as appears on Card: _____ CVV Security Code_____

Billing Address: _____ If Corporate Card, enter corporate security code below:

Billing Zip Code: _____ _____

Email: _____**Telephone:** _____

Signature: _____

***** By signing this form, I authorize Art Directors Guild, IATSE Local 800 to process my payment as indicated above.*****

Please Note: Your tickets will be emailed to you at the email address you provide above.