



## \$10,000 Draw Down

### Mississippi Academy of Family Physicians Foundation

**Tuesday, July 24, 2018 ∞ Baytowne Conference Center ∞ Sandestin, FL ∞ 6 pm**

#### TICKET ORDER FORM

|                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------|
| Name:                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |       |
| Address:                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |       |
| City/State/ZIP:                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |       |
| Phone Number:                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |       |
| E-mail Address:                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |       |
|                                                                                                                                                                                                                         | Quantity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Price    | Total |
| Draw Down Ticket(s)                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$100.00 |       |
| Draw Down Ticket(s) with Insurance<br><i>(If ticket is one of the first 50 drawn, it will be returned to the Draw Down barrel for a second chance.)</i>                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$125.00 |       |
|                                                                                                                                                                                                                         | GRAND TOTAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |       |
| Attendance:                                                                                                                                                                                                             | <input type="checkbox"/> I am planning to attend. <input type="checkbox"/> I cannot attend.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |       |
| Splitting Preferences:                                                                                                                                                                                                  | <input type="checkbox"/> If my name is one of the last 4 remaining names and the other 3 remaining names agree, I wish to split the \$10,000 four ways, winning \$2,500.<br><input type="checkbox"/> If my name is one of the last 3 remaining names and the other 2 remaining names agree, I wish to split the \$10,000 three ways, winning \$3,333.33.<br><input type="checkbox"/> If my name is one of the last 2 remaining names and the other remaining name agrees, I wish to split the \$10,000 two ways, winning \$5,000.<br><input type="checkbox"/> I do not wish to split at any level. |          |       |
| Method of Payment:                                                                                                                                                                                                      | <input type="checkbox"/> Check (See address at bottom for mailing.)<br><input type="checkbox"/> Credit Card    Circle Type of Card:    VISA    Mastercard    Discover    AmEx<br>Card Number: _____<br>Exp Date: _____    3-Digit Code: _____<br><small>We are not able to accept your credit card information by e-mail. Please fax the credit card information to (601) 853-3002 or call the MAFP at (601) 853-3302.</small>                                                                                                                                                                     |          |       |
| <b>MAFPF, 755 Avignon Drive, Ridgeland MS 39157, (601) 853-3302, FAX (601) 853-3002</b><br><b>Questions? Call Kay-Lynn Meador at (601) 853-3302 or e-mail <a href="mailto:kaylynn@msafp.org">kaylynn@msafp.org</a>.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |       |