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35TH ANNUAL HALL OF FAME AWARDS DINNER TICKET ORDER FORM

PLEASE COMPLETE AND RETURN THIS HALL OF FAME TICKET ORDER FORM TO THE
ABOVE NOTED ADDRESS ON OR BEFORE FRIDAY, OCTOBER 12, 2007

Zone/Decentralized Association: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Date Tickets Sent: _____ (OFFICE USE ONLY)

Our Association would like to order _____ Hall of Fame Tickets @ \$80.00 each

Payment is enclosed in the amount of \$ _____

PRINT THE NAMES OF EACH PERSON YOU ARE ORDERING A TICKET FOR:

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____