

136 Juergen Point
Mayfield, NY 12117-3953
800-992-7116 ● Fax: 518-863-7100
Email:bbuckley@cegltd.com

LUNCH TICKET ORDER FORM

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Tickets will be picked up at the show office when you check-in on set-up day.

- ☐ Enclosed is our check for _____ lunch tickets x \$10.00 Each = \$ _____
- ☐ Please charge our card for _____ lunch tickets x \$10.00 Each = \$ _____

Credit Card Information: ☐ VISA ☐ MASTERCARD ☐ AMEX

Name on card _____ Card number _____

Expiration _____ CCW Code _____

Signature _____

Billing address information for card if different than above: ☐ Same as above

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone for card _____

**PLEASE SAVE THIS FILE AND ATTACH IT TO THE
E-MAIL WHEN YOU ARE FINISHED FILLING IT OUT.**

Click on the Link Below to E-mail

[Click Here to Submit E-mail to debyh@cegltd.com](mailto:debyh@cegltd.com)

OR Fax Form to: 315-866-1379