

Award Banquet Ticket Purchase

Select from any of the three basic ticket types you would like - Standard, Student or Educator. You can mix and match. Buy 8 or more Standard Tickets and get 10% off.

Regular Tickets

Standard Ticket \$100 Educator Ticket \$75 Student Ticket \$55
Number of Tickets _____ Number of Tickets _____ Number of Tickets _____

If purchasing as a student or on behalf of a student, please enter the school name here

If purchasing as a School or College Educator, please enter the school name here

If buying on behalf of a company or firm, please enter the name here

Bulk Tickets

Minimum 8 Standard Tickets
Use this option if buying 8 or more Standard Tickets for 10% discount.
Number of Tickets _____

Seating

Is there a table where you wish to be seated, or other guests with whom you wish to be seated ?

Yes No

If so, please enter the Company name or individuals with whom you wish to be seated - space permitting

Dietary Restrictions?

Do you have any dietary restrictions?

Yes No

If so, please let us know what they are _____

Purchaser Name

First _____ Last _____

Are you attending the event or buying tickets for others?

Attending Not Attending

Purchaser Address

Street Address _____

Street Address Line 2 _____

City _____ State _____

Postal / Zip Code _____

Purchaser Phone

Area Code _____ Number _____

Purchaser Email

CLE (Continuing Legal Education Credit)

Do you wish to get a CLE Credit?

Yes No WSBA # _____

List of Other Attendees

Enter the names of the other persons for whom you are buying tickets

Attendee Name

Last _____

First _____

Attendee Phone and Email (if known)

Area Code _____ Number _____

Attendee Email _____

CLE (Continuing Legal Education Credit)

Dietary Restrictions Yes No

Does this person wish to receive a CLE credit?

Yes No WSBA # _____

Attendee Name

Last _____

First _____

Attendee Phone and Email (if known)

Area Code _____ Number _____

Attendee Email _____

CLE (Continuing Legal Education Credit)

Dietary Restrictions Yes No

Does this person wish to receive a CLE credit?

Yes No WSBA # _____

Attendee Name

Last _____

First _____

Attendee Phone and Email (if known)

Area Code _____ Number _____

Attendee Email _____

CLE (Continuing Legal Education Credit)

Dietary Restrictions Yes No

Does this person wish to receive a CLE credit?

Yes No WSBA # _____

Attendee Name

Last _____

First _____

Attendee Phone and Email (if known)

Area Code _____ Number _____

Attendee Email _____

CLE (Continuing Legal Education Credit)

Dietary Restrictions Yes No

Does this person wish to receive a CLE credit?

Yes No WSBA # _____

Attendee Name

Last _____

First _____

Attendee Phone and Email (if known)

Area Code _____ Number _____

Attendee Email _____

CLE (Continuing Legal Education Credit)

Dietary Restrictions Yes No

Does this person wish to receive a CLE credit?

Yes No WSBA # _____

Duplicate this page as needed

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Total Number Standard Tickets _____ @ \$100..... \$ _____
Total Number Bulk Standard Tickets * _____ @ \$90 \$ _____
Total Number Educator Tickets _____ @ \$75 \$ _____
Total Number Student Tickets _____ @ \$55 \$ _____

TOTAL \$.....

* minimum 8

Please make checks payable to Yakima Valley Museum

2105 Tieton Drive
Yakima, WA 98902