

# 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

## 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)

Does this person wish to receive a CLE credit?

Yes  No

Dietary Restrictions  Yes  No

\_\_\_\_\_

### Attendee Name

Last \_\_\_\_\_

First \_\_\_\_\_

### Attendee Phone and Email (if known)

Area Code \_\_\_\_\_ Number \_\_\_\_\_

Attendee Email \_\_\_\_\_

### CLE (Continuing Legal Education Credit)

Does this person wish to receive a CLE credit?

Yes  No

Dietary Restrictions  Yes  No

\_\_\_\_\_

### Attendee Name

Last \_\_\_\_\_

First \_\_\_\_\_

### Attendee Phone and Email (if known)

Area Code \_\_\_\_\_ Number \_\_\_\_\_

Attendee Email \_\_\_\_\_

### CLE (Continuing Legal Education Credit)

Does this person wish to receive a CLE credit?

Yes  No

Dietary Restrictions  Yes  No

\_\_\_\_\_

### Attendee Name

Last \_\_\_\_\_

First \_\_\_\_\_

### Attendee Phone and Email (if known)

Area Code \_\_\_\_\_ Number \_\_\_\_\_

Attendee Email \_\_\_\_\_

### CLE (Continuing Legal Education Credit)

Does this person wish to receive a CLE credit?

Yes  No

Dietary Restrictions  Yes  No

\_\_\_\_\_

### Attendee Name

Last \_\_\_\_\_

First \_\_\_\_\_

### Attendee Phone and Email (if known)

Area Code \_\_\_\_\_ Number \_\_\_\_\_

Attendee Email \_\_\_\_\_

### CLE (Continuing Legal Education Credit)

Does this person wish to receive a CLE credit?

Yes  No

Dietary Restrictions  Yes  No

\_\_\_\_\_

Duplicate this page as needed

# Award Banquet Ticket Purchase

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