

Ticket Order Form – Group Sales

50th Annual Indiana Flower & Patio Show

March 8th – 16th, 2008



Show admission tickets are available to groups of 20 or more at a special rate of \$8.00 each. General admission tickets at the door are \$10.00. To take advantage of this special price, complete this order form and return it to us with full payment as soon as possible. You may also use this form to request promotional materials. To sell tickets on consignment, please complete required information and return to our office, via mail or fax, to receive your tickets. Thank you in advance for your order!

******THE DEADLINE FOR ADVANCE PURCHASE IS FEBRUARY 21, 2008******

(Please Print)

Group/Company Name: _____

Contact Person: _____ Phone No: _____

Address: _____

City: _____ State: _____ Zip: _____

Please mail the tickets and/or promo items to above address.

Please hold the ticket order at Will-Call (Show Office in the North Entrance of West Pavilion).

Tickets (Minimum order of 20 required for group rate price):

() **Advance Purchase** - Number of Tickets: _____ @ \$8.00 each = \$ _____

() **Consignment Sale** – Number of Tickets Requested: _____

By signing below you agree to pay for tickets sold on consignment by or before 3/27/06. Payment must be mailed to our office with a copy of this form as well as any unsold tickets. If you happen to misplace any unsold tickets, you are responsible for payment of those tickets. You may NOT sell these tickets for more than the price stated on this order form. If you do not sell the required minimum of 20 tickets, you must then pay the General Admission price of \$10 per ticket.

Signature: _____ Date: _____

Complete this section at end of consignment sale:

Actual Number of Tickets Sold: _____ @ \$8.00 each = \$ _____

Free Promotional Materials:

() Show Posters Qty. _____ () \$1-Off Coupons Qty. _____

Payment Method:

() Check Enclosed for Payment

Make check payable to: **HSI** Check # _____ Amount \$ _____

() Credit Card Payment - Circle One: VISA MC AMEX DISC Amount \$ _____

Account # _____ Expires: _____ 3 digit code _____

Billing Address: _____ Zip: _____

Signature _____

Please mail or fax this form to: HSI Show Productions, P.O. Box 502797, Indianapolis, IN 46250
 PHONE: (317) 576-9933 or (800) 215-1700 FAX: (317) 576-9955