



**Ticket Order Form**

**Please Mail Copy To:**

World Natural Hair, Health & Beauty Show: 1572 Highway 85 North | Suite #208 | Fayetteville, GA 30214.  
 Questions and inquires can be directed to 770-716-9056 • **FAX: 770-716-9043**

**TICKET PRICES**

**Two Day Ticket (includes free classes)..... QTY \_\_\_\_\_**

**\$50.00**

**One Day Admission (includes free classes)..... QTY \_\_\_\_\_**

**\$25.00**

**Student Two Day Ticket (includes free classes)..... QTY \_\_\_\_\_**

**\$25.00\*\***

**TOTAL \$ \_\_\_\_\_**

**\*\*Students must show student ID**

**Admission for children:**

**Children with a paying adult up to age 13 yrs old - Free admission**

**Children 14-18 years old - \$12.50 admission per day**

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Evening/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Please check payment type:**

- VISA     
  MASTER CARD     
  AMERICAN EXPRESS     
  DISCOVER  
 BUSINESS CHECK     
  MONEY ORDER     
  CASHIER CHECK

Name on credit card: \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_

Credit card number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Signature of credit card owner: \_\_\_\_\_

Three digit security code on back of credit card: \_\_\_\_\_

**Please do not write in the section below. For management use only.**

Customer Name: \_\_\_\_\_ Payment type: \_\_\_\_\_ Check: # \_\_\_\_\_

Amount received: \$ \_\_\_\_\_ Date received: \_\_\_\_\_ Amount due: \_\_\_\_\_

Received/Approved by: \_\_\_\_\_ Filed: \_\_\_\_\_