

Moyers Event Ticket Request Form

(Please print)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone #: _____ Alternate Phone #: _____

E-MAIL ADDRESS: _____ (this address will be used to send a confirmation of your order and will not be shared with the public)

Billing Address: (if different from the mailing address above)

Address: _____

City: _____ State: _____ Zip: _____

Payment Method:

MasterCard ____ Visa ____ American Express ____ Discover ____

Card #: _____ Expiration Date: _____

Signature of Cardholder: _____

You are authorizing the Harrison County Museum to charge the above listed account to pay for tickets purchased at your request as listed in the order section below.

An Evening with Bill Moyers – Marshall Civic Center - \$10.00 each - _____(quantity)
(students) \$ 5.00 each - _____(quantity)

Reception with Bill Moyers at The Marshall - \$50.00 each - _____(quantity)

TOTAL: \$ _____ Tickets: _____

PLEASE FAX THIS REQUEST TO 903-407-4285 TO PLACE YOUR ORDER.