



**2018 CONVENTION TICKET ORDER FORM**

**\*\*\* Important \*\*\***

Please indicate how many of each ticket you would like to purchase.

*Please be sure that all information is complete and legible.*

**COMPLIMENTARY TICKETS MUST BE REQUESTED WITH THIS FORM AND IN ADVANCE.**

If you want less than the number of complimentary tickets that are offered, please indicate by striking through the number and writing the number you will need in the appropriate section.

**Remember you are reserving for all of your delegates and members attending in each activity.**

Agency Name _____	Agency Number _____
County Number _____	Local Number _____
Contact Person _____	Contact Phone # _____
Contact Email _____	Cell Phone # _____ (for day of the event)

**Agent's Continuing Education Sessions:** Friday, February 16, 2018 beginning @ 9:00 AM  
*RSVP request will come from the AFR Agency Relations Department for Earthquakes CE & e2Value CE*

**Agent's Recognition Lunch:** Friday, February 16, 2018 @ 11:15 AM (\$42.00)  
\*Comp Tickets \_\_\_\_\_ Purchased Tickets \_\_\_\_\_ Total Tickets \_\_\_\_\_ Amount Due: \_\_\_\_\_

\*Two complimentary tickets per agency but must reserve

**Milk & Cookies Break:** (Complimentary – RSVP Estimate Required)

Friday PM	Total _____
Saturday AM	Total _____
Saturday PM	Total _____

**Reception:** Friday, February 16, 2017 @ 6:00 PM (Complimentary – RSVP Estimate Required)

Total Tickets \_\_\_\_\_

**Women's Cooperative Awards Lunch:** Saturday, February 17, 2018 @ 11:45 AM (\$35.00)

Total Tickets \_\_\_\_\_ Amount Due: \_\_\_\_\_

**Banquet:** Saturday, February 17, 2018 @ 7:00 PM (\$31.50)

Total Tickets \_\_\_\_\_ Amount Due: \_\_\_\_\_

**Worship & Memorial Service Attendance Count:** Total \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

**Youth Pizza & Movie Night**

Friday, February 16, 2018  
6:00 PM – 9:00 PM

<u>Age</u>	<u># Participants</u>
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____

**Youth Crafts & Activities Session**

Saturday, February 17, 2018  
1:00 PM – 4:00 PM

<u>Age</u>	<u># Participants</u>
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____

**BOTH SESSIONS COMPLIMENTARY**

**Method of Payment**

Check Enclosed: Check # \_\_\_\_\_ Total Amount: \_\_\_\_\_

Charge to: Agency # \_\_\_\_\_ Total Amount: \_\_\_\_\_

County # \_\_\_\_\_ Total Amount: \_\_\_\_\_

Local # \_\_\_\_\_ Total Amount: \_\_\_\_\_

Authorized Signature for Charges (Required) \_\_\_\_\_

***PLEASE RETURN THIS FORM NO LATER THAN FEBRUARY 5<sup>th</sup> TO ENSURE YOUR PLACE AT THE 113<sup>TH</sup> AMERICAN FARMERS & RANCHERS CONVENTION!***

PLEASE CONFIRM RECEIPT OF YOUR ORDER AFTER MAILING OR FAXING BY EMAILING

[Teresa.davis@afmic.com](mailto:Teresa.davis@afmic.com)

OR BY CALLING 1-800-324-7771, EXT. 5577

FAX: 405-218-5585

**For Office Use Only:**

Picked up by: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_