

Clark County Association of Health Underwriters Presents:



Friday, August 17, 2007 --- 7:00PM

Tickets \$105 pp *includes transportation to MGM & light appetizers prior to the show

Credit Card Payment Authorization

[FAX CREDIT CARD RESERVATIONS TO: \(702\)369-6694](tel:(702)369-6694)

Name of Attendee(s): _____

Name as it appears on Card: _____

Credit Card Type: Visa MasterCard American Express Amount to charge: \$ _____

Credit Card #: _____ 3 Digit V-code: _____ Exp. Date: _____

Billing Address: _____

City/State/Zip: _____ Phone Number: _____

Signature: _____ Date Signed: _____

Please make checks payable to CCAHU. Mail to: PO Box 97046, Las Vegas, NV 89193 (include registration)