



2010 CHAMBER MEMBER TICKET ORDER FORM

All tickets Buy One, Get One Free until February 26th!

Last Name First Name

Mailing Address

City, State, Zip

Telephone

Email

ALL EVENT TICKETS*:

Patron Ticket

Price	Quantity	Total
\$200	_____	_____

All ticketed events, premium auction seating, dinner receptions, and one catalog

MAIL ONE CATALOG EARLY
(check)

Reserve Ticket

\$150	_____	_____
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All ticketed events, reserved seating and one catalog

MAIL ONE CATALOG EARLY
(check)

SINGLE EVENT TICKETS*:

Patron Ticket: Friday only (includes catalog) **\$125** _____

Patron Ticket: Saturday only (includes catalog) **\$125** _____

Reserve Ticket: Friday only (includes catalog) **\$100** _____

Reserve Ticket: Saturday only (includes catalog) **\$100** _____

MAIL ONE CATALOG EARLY
(check)

Chuckwagon Brunch **\$20** _____

Auction Art Preview Reception **\$30** _____

Auction Catalog Only Not Mailed **\$50** _____

Mailed **\$55** _____

**Listed ticket prices are full-price. Please apply Chamber special when determining total payment. Applicable only to tickets of equal or lesser value.*

TOTAL PAYMENT \$ _____

A PROCESSING FEE OF \$25 WILL BE CHARGED TO REISSUE LOST TICKETS.
NO REFUNDS GRANTED AFTER MARCH 5, 2010.

METHOD OF PAYMENT:

Check (payable to CMR Art Auction) Visa MasterCard Discover

Print Card Holder Name

Credit Card Number Exp. Date

Credit Card Billing Address (if different from above)

ABSENTEE BIDDING:

I am unable to attend the Auction. Please
(check) contact me about Absentee Bidding.

LIVE AUCTION SEATING:

Returning Patron Ticket Holders

To retain your 2009 seats or receive first priority to move, please order by January 15, 2010

Please assign me the same seats as 2009

Please assign different seats, if available

1st Choice: Section _____ Row _____ Seat _____

2nd Choice: Section _____ Row _____ Seat _____

New Patron Ticket Buyers

Seating Preferences

1st Choice: Section _____ Row _____ Seat _____

2nd Choice: Section _____ Row _____ Seat _____

Reserve Ticket Buyers

Seating Preferences (seating will be assigned based on availability)

1st Choice: Section _____ Row _____ Seat _____

2nd Choice: Section _____ Row _____ Seat _____

TICKET HOLDER INFORMATION:

This information will be printed on ticket(s). Please print.

1. _____
Name

City State

2. _____
Name

City State

3. _____
Name

City State

4. _____
Name

City State

RETURN COMPLETED FORM TO:

C.M. Russell Art Auction
P.O. Box 634 ~ Great Falls, MT 59403-0634
Phone: 800-803-3351 Fax: 406-453-1128

OFFICE USE ONLY

PMT: _____ DB: _____ CAT: _____