

SACRAMENTO BOAT SHOW

& off road exposition

March 8 - 11, 2018 ~ Cal Expo

Exhibitor Guest Ticket Order Form

Make your guests and prospects feel like VIP's!

Exhibitor Guest Tickets : Valid Thursday – Sunday of the Show

- ✓ **Distribute all the tickets you want, pay only for those redeemed**
- ✓ **Tickets redeemed will be billed the exhibitor \$5.00 per ticket.**
- ✓ **Exhibitor Guest Tickets make for great gifts to current and potential customers.**
- ✓ **Mail them to prospects or give them out at your showroom and be billed for only those redeemed at the show**

EXHIBITOR GUEST TICKET ORDER

DUE NO LATER THAN: February 15th.

Date: _____ # of Tickets _____ Company: _____ Contact: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ Email: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5">DO NOT WRITE IN THIS SECTION</th> </tr> <tr> <th style="width: 20%;">Date Mailed</th> <th style="width: 10%;"></th> <th style="width: 20%;">Ending #</th> <th style="width: 10%;">QTY</th> <th style="width: 30%;">Ordered by</th> </tr> </thead> <tbody> <tr> <td>Beginning #</td> <td style="text-align: center;">-</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">-</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">-</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">-</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	DO NOT WRITE IN THIS SECTION					Date Mailed		Ending #	QTY	Ordered by	Beginning #	-					-					-					-			
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Late orders or additional tickets can be picked up on site at the show office.

Orders cannot be processed without a valid credit card. Billing occurs within 30 days after the show

Type of Card: Visa _____ MasterCard _____ AMX _____ Discover _____	
Card # : _____	Exp. Date: _____ Name on the
Card _____	Security Code: _____ Card must be valid through 6/1/2017
_____ Please mail invoice after the show	_____ Please charge the card after the show
Invoices unpaid within 45 days of billing will be charged to above credit card, charge will appear as SVMA	

By completing this credit card payment form, you authorize SVMA Inc. to charge your credit card as described above.

Cardholders Signature _____ Date _____

Please fax the completed form to 916-850-2732 or Submit by Email