



2011 Award Dinner
Saturday, October 29
Central Library

TICKET ORDER FORM

Please complete this form and mail to: IMCPL Foundation
ATTN: Indiana Authors Award
P.O. Box 6134
Indianapolis, IN 46206-6134

Name: _____
Address: _____

Telephone: _____
E-mail address: _____

Tickets for the award dinner are \$75 each.

Total number of tickets _____
Total cost of tickets \$ _____
Amount Enclosed \$ _____

___ I wish to pay by credit card (*Visa and MasterCard only*).
Visa/MasterCard Number: _____
Expiration Date: _____
Signature: _____

___ I wish this gift to remain anonymous.

Seating is not reserved until payment is received.

Final details to follow by mail. If you have any questions, please contact the Indianapolis-Marion County Public Library Foundation office at (317) 275-4700. For more information about the Award, visit www.indianaauthorsaward.org.