



Ticket Order Form

Name:	
Address:	
Address:	
City:	
State/Province:	
Zip/Postal Code:	
Country:	
Telephone number:	

Number of Tickets:	
Ticket Price (number of tickets x \$20.00):	
shipping and handling:	\$4.00
Total:	

Credit Card Information

Name on card:	
Type of card (MC, Visa, Discover, AMEX):	
Card number:	
Security code:	
Expiration date:	
Card billing address:	
Address:	
City:	
State/Province:	
Zip/Postal code:	

Checks must be made payable to "NASDS" for the total amount of your order (U.S. funds only).

Mail to:

NASDS Tickets
8521 Lyndon Ave.
Detroit, MI 48238

Or fax to **(888) 522-4532**