



Ticket Order Form

P.O. Box 918
Aragon, GA 30104

Phone: 770-684-8987
Fax: 770-684-8114

Ship To:

Name of Conference/Retreat Attending: _____

QTY	ITEM #	DESCRIPTION	UNIT PRICE		LINE TOTAL
Comments:					

Paying by Credit Card?

MC VISA DISCOVER

Card # _____ Exp Date _____

Name on Card _____ CVV2 CODE _____

Phone # _____

SUBTOTAL	
SHIPPING	2.00
SALES TAX	0.00
TOTAL	

Please mail or fax in your order form with payment. Tickets will be mailed to you when payment is received.

Make all checks payable to New Desire Christian Ministries

God Bless!