



Discount PREVIEW Ticket Form
Chicago Botanic Garden Antiques & Garden Fair
Thursday, April 15, 2010
6:00 P.M

Your Trade Name _____ Booth # _____

Best way to contact you: _____

Number of tickets _____ Amount (\$150 per ticket) _____

Name of Guests:

Guests will check in on preview night. **Please provide guest names and addresses for registration.** Reservations will be held at the door. No tickets will be issued.

Mail, Fax, or E-mail form to:

Chicago Botanic Garden, 1000 Lake Cook Road, Glencoe, IL 60022

FAX: 847-835-8257 (Attention: AGF)

E-mail: jlavin@chicagobotanic.org

Enclosed for payment: _____ Check

MasterCard ___ Visa ___ American Express ___ Discover ___

Credit Card Number _____ Exp Date _____

Name on Credit Card _____