

5<sup>th</sup> Annual Halloween Bash  
Ticket Purchase Form

Location 1113 Sam Rittenberg- Elks Club  
Friday, October 30<sup>th</sup>, 2009  
8:30pm-1am

Name \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

Number of Tickets @ \$10 each \_\_\_\_\_

Total: \_\_\_\_\_

Names:

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Credit Card # \_\_\_\_\_ EXP Date \_\_\_\_\_  
Card Type (Circle) Visa    Master Card    AMEX

Fax confidential form without cover sheet to 843-202-8851.

Your credit card will be billed and your names will be put on the list. The credit card statement will show Dr. Jim Richart Dentistry.

You can also mail this form with a check to :

Jim Richart  
1164-A Northbridge Ave.  
Charleston, SC 29407