



Exhibitor Evening Concert Ticket Purchase Form (Optional)

This form should be used to reserve evening concert tickets for an individual who is already registered as an exhibitor staff person for the Exhibiting Company provided below. (NOTE: Concert tickets are limited to one per exhibitor staff person). Please complete one form for each person purchasing concert tickets. You may make copies of this form for additional staff. For seating purposes—if you want to purchase concert tickets for a guest, who has already registered, you must provide their name below.

***Complete this form and fax, or if paying by check, mail to:**

AARP Registration & Housing
P.O. Box 93117
Long Beach, CA 90809-3117

Phone: 800-844-3508
972-349-7621 (International)
Fax: 972-349-7715
E-mail: aarp@wynhamjade.com
Website: www.wynjade.com/aarp09/exhibitors

1. Please Print

There is limited seating for these concerts which are sold on a first-come, first-served basis.

Company Name (Official Name of Exhibiting Company)			
First Name (Registered Exhibit Booth Staff Person)		Last Name	
Address			
Address, continued			
City	State	Zip Code	Country
Phone Number	Fax Number	E-Mail	

2. Guest: Note - all guests must be registered for the conference before they can purchase concert tickets.

First name	Last Name
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3. Please select the package of your choice.

<input type="checkbox"/> Gloria Estefan Concert, Thursday, Oct. 22, 2009 7:30pm <i>(Added cost)</i> \$75 premiere seating \$50 preferred seating \$25 reserved seating	<input type="checkbox"/> Faith Hill Concert, Saturday, Oct. 24, 2009 7:30pm <i>(Added cost)</i> \$75 premiere seating \$50 preferred seating \$25 reserved seating	<input type="checkbox"/> Two Concert Package <i>(Added cost)</i> (Both Thursday & Saturday Concerts) \$120 premiere seating \$80 preferred seating \$50 reserved seating	<input type="checkbox"/> World's Greatest Dance Party Friday, Oct. 23, 2009 7:30pm <i>(Added cost)</i> \$35 Open seating
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Check here if you require wheelchair seating:



Exhibitor Name _____

Exhibitor Email _____ Exhibitor Phone number _____

4. If you would like to participate in one of the Wednesday Play Day Packages, please choose one from the list below. Also note there is a complimentary evening reception Wednesday night, October 21st, 2009. Please check here if you will attend the reception:

<input type="checkbox"/> A Day on the Links Wednesday, Oct. 21, 2009 (Added Cost) \$200.00	<input type="checkbox"/> A Day at the Track Wednesday, Oct. 21, 2009 (Added Cost) \$200.00	<input type="checkbox"/> A Day at the Spa Wednesday, Oct. 21, 2009 (Added Cost) \$200.00
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5. Payment Information: Please do not send cash.

American Express MasterCard VISA Check Enclosed (US Funds Only)

Credit Card Number:	Expiration Date:	CDC Security Code (4 digits on back of card):
Print name as it appears on the credit card:		
Signature:		