

photo la

Fax Order Form

Opening Night Reception

Benefitting the photography dept at LACMA

Thursday, January 10, 2008 6 - 9 pm

Price	Amount of Tickets	Total Amount Due
\$80.00	# _____	\$ _____

Check One of the following: VISA MasterCard AmEx

Credit Card Number: _____ Exp / CVC: _____

Name (as it appears on card): _____

Signature: _____

Address: _____

Phone Number: _____ E-mail: _____

Fax to:
323.857.4792

Email to:
photola@lacma.org

Note: No tickets will be mailed. Tickets will be held under card holder's last name at will-call.