



Astronaut Autograph & Memorabilia Show

Name: _____

Address: _____

City: _____ State: ____ Zip: _____ Country: _____

Phone: _____ Email: _____

Payment Method: ____ Check ____ Visa ____ MasterCard ____ AMEX ____ Discover

Credit Card Number: _____ Exp. Date: _____

Signature: _____ Total enclosed \$ _____

- Please Reserve _____ Platinum Ticket(s) at \$550 Each – **SOLD OUT**
- Please Reserve _____ Gold Ticket(s) at \$350 Each
- Please Reserve _____ Bronze Ticket(s) at \$250 Each
- Please Reserve _____ Dinner Ticket(s) at \$175 Each
- Please Reserve _____ Astronaut KSC Tour & Air Show Ticket(s) at \$100 Each
- I/We are unable to attend but wish to make a tax-deductible contribution of \$ _____

Ticket requests must be received before Friday, October 31, 2008

FAX COMPLETED FORM TO: 321-264-9176

Please make checks payable to:
Astronaut Scholarship Foundation
6225 Vectorspace Blvd.
Titusville, FL 32780

For More Info: Dee Caldwell at 321.455.7014 or ASF@AstronautScholarship.org