



SFDDA

South Florida District Dental Association
A Component of the American and Florida Dental Associations

MOVIE TICKETS ORDER FORM

Mail order form to: 420 S. Dixie Hwy., Ste. 2E / Coral Gables, FL 33146 or
FAX with credit card information to 305-665-7059

SFDDA Member's Name: _____

Address: _____

Telephone #: _____

No. of Tickets	Theater	Price Per Ticket	Total No. of Tickets	Total Dollar Amount
	AMC	\$6.00		
	REGAL	\$6.50		
		Add \$4.00 for shipping & handling		\$4.00

Check Enclosed

Charge **Credit Card:** ___ Visa ___ Master Card ___ Discover

CC#: _____ **Exp:** _____

Security Code: _____ **Billing Zip Code:** _____

Signature: _____