

**AMERICAN STYLE CONGRESS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ Email: \_\_\_\_\_

TICKET PRICE	GENERAL ADMISSION	TOTAL
PRICE \$99 PER PERSON (Advanced purchase before February 1 <sup>st</sup> )	\$99 X _____	\$ _____
PRICE \$125 PER PERSON (Purchase after February 1 <sup>st</sup> )	\$125 X _____	\$ _____
	<b>TOTAL:</b>	\$ _____

**GENERAL ADMISSION / SEATING:** All tickets and requests are handled on a first come first serve basis.

**PAYMENTS MUST ACCOMPANY THIS FORM**

Please make checks or money order payable to: **NYDF**

**120 Oceana Dr West #5B, Brooklyn NY 11235**

**Phone/Text:** 347-829-NYDF (347-829-6933) **Fax:** 646-661-3358