



Ticket Order Form



NCAA Directors of Athletics

Number of all-session tickets requested (\$35 each): _____ 1 ticket

_____ 2 tickets

Name: _____

Title: _____

Institution: _____

Mailing Address: (P.O. Box Addresses Will Not Be Accepted)

Office Telephone Number: _____

E-mail Address: _____

PAYMENT

Check (made payable to NCAA) AMEX Discover MasterCard VISA

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Signature of Cardholder: _____

Tickets will be shipped in early March to the address listed above.

Please return this form to the attention of Ethan Walker by Monday, January 28, 2008.
NCAA • P.O. Box 6222 • Indianapolis, Indiana 46206-6222 • FAX: 317/917-6237