

EMPLOYEE DAY TICKETS

Sales Rep _____ Campus _____ Date _____

Name _____ Emp ID # _____

Address _____

Day Phone _____ Email _____

Employee Category:

___ Clinical Faculty (**MED**)

Tix at \$0 _____ 1 _____

___ Admin/Staff (**MED**)

Tix at \$1 _____

___ UMMG (**MED**)

___ Staff/Admin

___ Faculty

Please print and complete all info above. Employee I.D. must be presented at time of purchase.

My signature below certifies that this is my only purchase of employee day promotional tickets for the current season.

Employee Signature _____

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