

Project N.A.D.I.N.E.

ABABABA ROAD TOUR! ACC

Name: _____

Address:

E-mail: _____

Phone Number: _____

Check Number: _____

Show ticket \$12.00

Qty _____

CHECKS MUST BE POSTMARKED BY 8/19/10

Tickets will be E-mailed to address provided unless otherwise noted by you.

(PLEASE make checks payable to Project N.A.D.I.N.E.)

Registration cancellations will be refunded in full if requested at least 30 days prior to the scheduled show.

Presentation will be conducted in ASL and Voice English.

Project N.A.D.I.N.E.
PO Box 7
Edmond, OK 73083

VP: 405.721.0847
Phone: 405-812-4047
E-mail: wsmith@projectnadine.org
www.ProjectNadine.org/Tour.htm



**National Advocates on Deafness
to Inform, Network and Enrich**