



PinotFest Ticket Form
Saturday November 17, 2007
3:00 - 6:00 PM

DATE: _____

NAME: _____

PHONE #: _____

FAX #: _____

Please PRINT all information legibly. We will mail tickets when payment clears.

Tickets are \$100 per person. Please indicate # of tickets: _____

Type of Credit Card: _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Signature: _____

Mailing Address: _____

Email: _____

This event will sell out! Reserve your space as soon as possible.
Tickets are non-refundable. Your signature confirms your purchase.
Please make checks payable to Farallon or fill out the credit card
information above. Fax or mail form back to Farallon.

Phone: 415-956-6969 www.farallonrestaurant.com Fax: 415-834-1234

450 Post Street, San Francisco, California 94102