

Concert Ticket Order Form

Students/Faculty/Staff/Retirees/Emeriti

- **Complimentary tickets will be available Oct. 26-28 only.** Tickets go on sale to the public **Monday, Nov. 2.** Phone orders will not be accepted until **Monday, Nov. 9.** Call 614-236-6938.
- Please use this form to purchase tickets at the box office or by mail. Enclose a self-addressed, stamped envelope for mail orders.

Name _____ Daytime Phone _____

Address _____ E-mail _____

City/State/ZIP _____

- Tickets are \$20 for adults and \$10 for students and senior citizens (age 62 and older.)
- There is a \$2 handling fee per order for all tickets purchased. (No handling fee for complimentary ticket.)
- **There is a limit of 10 tickets total per purchase. No refunds or exchanges.**

	TOTAL No. of Tickets	Complimentary Ticket (limit 1)	Breakdown of Tickets Purchased		Total Amount
			Adult	Student/Senior	
Thursday, Dec. 3, 7:30 p.m.	<input type="text"/>	_____	_____ x \$20	_____ x \$10	\$ <input type="text"/>
Friday, Dec. 4, 7:30 p.m.	<input type="text"/>	_____	_____ x \$20	_____ x \$10	\$ <input type="text"/>
Saturday, Dec. 5, 7:30 p.m.	<input type="text"/>	_____	_____ x \$20	_____ x \$10	\$ <input type="text"/>
Sunday, Dec. 6, 3:30 p.m.	<input type="text"/>	_____	_____ x \$20	_____ x \$10	\$ <input type="text"/>

Plus order handling fee: \$ 2.00

LIMIT OF 10 TICKETS PER PURCHASE

TOTAL PURCHASE AMOUNT: \$ _____

- Make checks payable to **Capital University.**
- Take this form to the Mees Hall Box Office or mail to: **Christmas Festival, Capital University Conservatory of Music, 1 College and Main, Columbus, Ohio 43209-2394.**
- **Enclose a self-addressed stamped envelope for mail orders.**

For office use only

Day _____	Row _____	Seats _____	Date _____	Initials _____
Day _____	Row _____	Seats _____	phone _____	mail _____
			M.O. _____	HBO _____
				TKN _____

For credit card purchases, complete the following information. (Circle one) VISA MasterCard

Account number _____ **Expiration date** _____

I authorize charge of the total purchase to this account. Signature _____ Date _____

Christmas Festival **Dinner Ticket** Order Form

Please indicate number of dinner tickets @ \$21 each:

_____ Thursday, Dec. 3 _____ Friday, Dec. 4

Total amount enclosed \$ _____ (make checks payable to Capital University – memo "Christmas Festival Dinner")

Name _____ Daytime telephone () _____

Address _____ E-mail _____

City/State/ZIP _____

Space is limited; dinner tickets will be sold on a first-come basis.

Return this form to: Capital University, Conference Services, 1 College and Main, Columbus, OH 43209-2394.