

KIMMEL CENTER 09/10

KIMMEL CENTER PRESENTS • BROADWAY SERIES

CREATE YOUR OWN SERIES

THE MORE YOU SEE, THE MORE YOU SAVE!

- Mr. Miss Mrs. Ms.
 Mr. & Mrs. Dr. Dr. & Mrs. Dr. & Mr.

Name _____

Street _____


City/State/Zip _____

Telephone (home) _____ Telephone (work) _____ E-mail _____

For information on performance dates, times, and ticket prices, please visit kimmelcenter.org/choose0910


| Event | Date and Time | 1st Seating Choice | 2nd Seating Choice | # of Seats | Cost per Seat | Total |
|-------|---------------|--------------------|--------------------|------------|---------------|-------|
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Do you have a special seating need? _____

 Check here for wheelchair seating.

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| Subtotal: | |
| Please add parking for my events. Number of events _____ X \$20 | |
| Handling Charge: | \$19.00 |
| <input type="checkbox"/> Donation: Become a Member! Give a gift of \$100 or more and support the ongoing artistic and educational mission of the Kimmel Center. | |
| Grand Total | |



- Payment:** Check Credit Card  Visa
 (Payable to Kimmel Center, Inc.) MasterCard Discover

Number _____ Expiration Date _____

Signature (as on card) _____ Note: all charges will appear as **TICKET PHILADELPHIA.**

MAIL TO:
 Kimmel Center Presents Create Your Own
 c/o Ticket Philadelphia
 1420 Locust Street, Suite 320
 Philadelphia, PA 19102
 Fax: 215.893.1833
 Call: 215.893.1999

Mail orders must be received 10 days prior to the first performance.

No refunds – all subscription sales are final. Your credit card statement will be your order confirmation. Your tickets will be mailed in mid-August. Due to prior subscription sales, your first seating choice may not be available. In that case, charges will be adjusted based on your second seating choice.