

Please provide the following:

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____ Phone Number _____

Please choose either the complete season ticket option OR a combination of the four individual concerts.

SEASON TICKETS (All four concerts)

List requested seats* —OR— Choose section of preference (Please check your choice)

(ex. A4, A5, B4, B5)

Left Front Left Back

Center Front Center Back

Right Front Right Back

Tickets _____ X \$40 = _____

CONCERT V: APPALACHIAN SPRING

List requested seats* —OR— Choose section of preference (Please check your choice)

(ex. A4, A5, B4, B5)

Left Front Left Back

Center Front Center Back

Right Front Right Back

Tickets _____ X \$10 = _____

CONCERT VI: SUBLIME (STRING QUINTET)

List requested seats* —OR— Choose section of preference (Please check your choice)

(ex. A4, A5, B4, B5)

Left Front Left Back

Center Front Center Back

Right Front Right Back

Tickets _____ X \$10 = _____

CONCERT VII: VIOLIN/PIANO I (BRILLANTE)

List requested seats* —OR— Choose section of preference (Please check your choice)

(ex. A4, A5, B4, B5)

Left Front Left Back

Center Front Center Back

Right Front Right Back

Tickets _____ X \$10 = _____

CONCERT VIII: PIANO DUET I (GRAND DUO)

List requested seats* —OR— Choose section of preference (Please check your choice)

(ex. A4, A5, B4, B5)

Left Front Left Back

Center Front Center Back

Right Front Right Back

Tickets _____ X \$10 = _____

**We will do our best to accommodate mailed seating requests, but in the event that the desired seats are unavailable, best available seating will be assigned.*

Total Price \$ _____

Make checks payable to
 Duquesne University.