

*Please use this form for any single ticket purchase by mail or fax. Submit completed form to the Duke University Box Office.
(Contact information listed at bottom of form)*

Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Daytime Phone _____ Evening Phone _____
 Email _____

Name of Event _____
 Event Date and Time _____

Seating Preference in Page Auditorium: Circle One: ***Orchestra*** or ***Balcony***

Additional information regarding seating needs:

Number of Tickets _____ @ \$ _____ = \$ _____
 Number of Tickets _____ @ \$ _____ = \$ _____

Parking Voucher _____ @ \$3/ per car/ per event = \$ _____

Subtotal	\$ _____
Service Charge	\$ 3.00
Total	\$ _____

() Please call the University Box Office (684-4444) for information on student prices and any other discounts that may apply to the event. **All coupons** must be **mailed** in with your order. The Box Office does not accept coupons by phone or fax. Tickets will be mailed to you unless ordering within 10 days of the event. **** ALL STUDENT TICKETS WILL BE HELD AT WILL CALL FOR I.D. VERIFICATION.***

Credit Card: ___ MC ___ Visa ___ Amex ___ Discover
Credit Card Number _____ **Exp. Date** _____
Signature _____
Name on Credit Card _____
Billing Zip Code _____

*** Make Checks payable to: DUKE UNIVERSITY BOX OFFICE*

*** Mail completed order form to: Duke University Box Office,
 Box 90940
 Durham, NC 27708-0940*

*** Fax completed order form to: (919) 660-1729*