

INTERNATIONAL *Piano* SERIES

at the College of Charleston

2011 - 2012 Ticket Form

Fax to 843.953.4914

Or mail to: IPS-Music Department, School of the Arts, College of Charleston, 66 George Street, Charleston, SC 29424-0001

To better assure timely processing, this form should be mailed at least **7 days prior** to the concert date.
If you have any questions or would like to place an order by phone, please call (843) 953-6575

| | |
|---|----|
| Please Send _____ Season Subscriptions Please Send _____ Tickets(s) for 10/4, 11/1, 12/14, 3/27, 4/17 \$20 per concert, \$80 for Season Subscription (5 concerts) | \$ |
| I would like to contribute to the International Piano Series at the College of Charleston! | \$ |
| TOTAL | \$ |

Name _____

Address _____

City State, Zip _____

Phone _____

E-mail _____

Payment Method

- Visa
 MasterCard American Express

Check enclosed
Please make Check payable to
IPS-College of Charleston

Account # : _____ Exp. Date: _____

3-Digit (4-digit for Amex) Security Code: _____

Signature _____