

INTERNATIONAL *Piano* SERIES

2009-2010 Ticket Form

Fax to 843.953.4914

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

Please Send _____ Season Subscriptions Please Send _____ Tickets(s) for 10/26, 11/10, 2/9, 3/16, 4/27 \$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 Security Code: _____

Signature _____

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