QUICK TICK ORDER FORM - THERMAL TICKETS

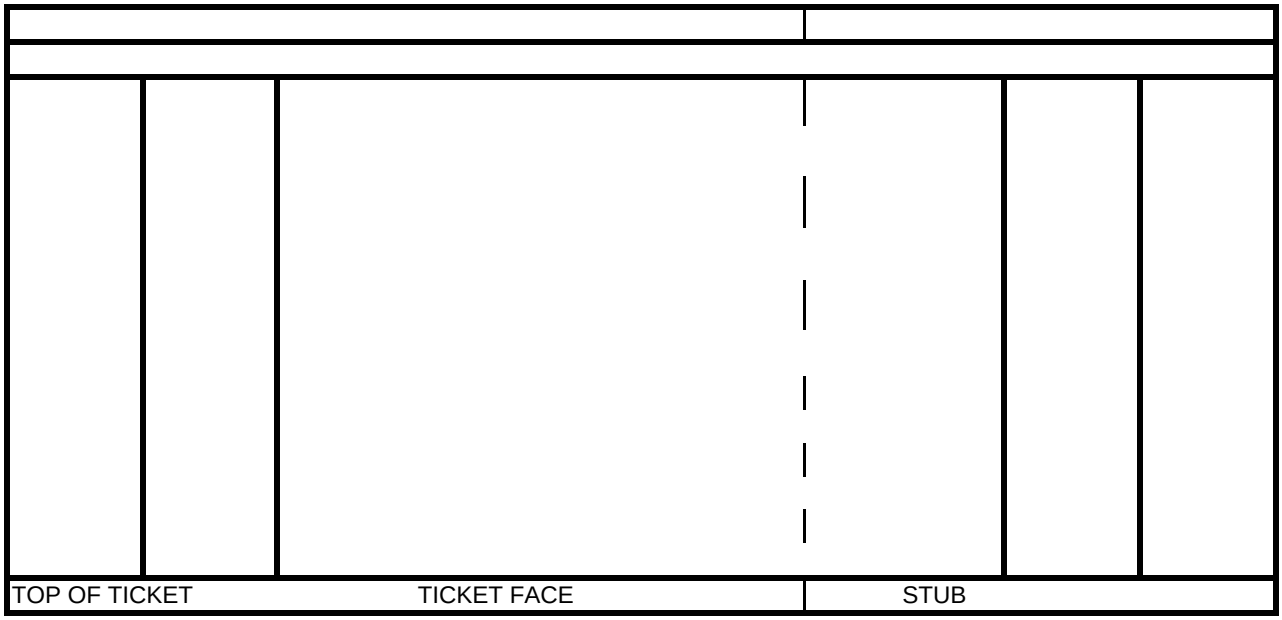
WE ENCOURAGE THE USE OF THIS FORM FOR ACCURACY.
THIS FORM MAY BE MAILED OR FAXED

ORDER DATE:
DEADLINE DATE:

CUSTOMER & INVOICE:	**SHIP TO:**
COMPANY NAME:	**PERSON:**
ADDRESS:	**ADDRESS:**
ADDRESS:	**ADDRESS:**
CITY: ST: ZIP:	**CITY: ST: ZIP:**
BY:	**BY:**
PHONE: FAX:	**PHONE: FAX:**

_____SETS OF TICKETS_____TICKETS =_____TOTAL TICKET ORDER
(# of events) (total tickets per evt) (tickets for all evts)

HOUSE PART OR LOCATION (orchestra, main floor, etc.	**NUMBER OF TICKETS**	**PRICE 1**	**PRICE 2**	**TICKET COLOR**
TOTAL CAPACITY……				



TOP OF TICKET TICKET FACE STUB

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