MEDIA TICKET REQUEST FORM

Spoleto Festival USA

May 28 — June13, 2010

Name _____ Media Organization _____
Address _____ City _____ State _____ Zip _____
Phone: Day _____ Evening _____Fax: _____E-mail:
_____
Dates of stay in Charleston: _____ to _____
Contact information while in Charleston (if known): _____ Phone: _____
Please describe the nature of the coverage you will be providing. (**If you are freelancing, please include a letter from your editor confirming your assignment.)**

ALL tickets must be picked up in the Press Room at the Gaillard Auditorium, 77 Calhoun Street. There will be no Will Call pick-up. Please make arrangements to pick up your tickets at least two hours before your first performance.

For accessible seating needs (i.e. stairs), please contact Chelsea Peabody at 843.720.1135 or cpeabody@spoletousa.org

Please return order forms to:
Chelsea Peabody
Phone: 843.720.1135
Fax: 843.720.1121
Spoleto Festival USA
14 George St
Charleston. SC 29401-1524

Performance Name	Date	Time	Reviewing?	# of tickets	Comp (limit 2)	Paid	Price	Total Cost	Do not write in this space
EXAMPLE: Flora, an Opera	5/29	8pm	Yes	3	2	1	$150	$150	
				Total:			Total:	$	

_____ Check or Money Order enclosed (payable to Spoleto Festival USA)Amount Enclosed: $_____
_____ Visa _____ MasterCard _____American Express ____Discover
Card Number: _____ Expiration Date: _____
Signature: _____

All ticket requests must be received by Friday, April 2, 2010