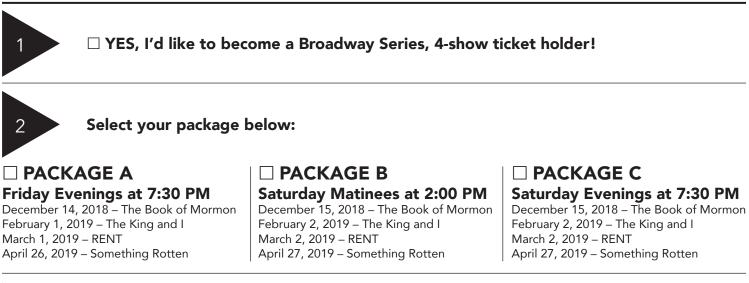




## **ORDER FORM**

**ORDER YOUR TICKETS BY APRIL 30, 2018** FOR BEST SEATING AND WAIVED FEES!





**Select your seats/price section.** Price includes all four shows in package selected above.

	QTY		QTY	
PRICE SECTION 1 Adults	x \$292.60	Students _	x \$197.80	SUBTOTAL
PRICE SECTION 2 Adults_	x \$249.60	Students _	x \$166.80	SUBTOTAL
PRICE SECTION 3 Adults	x \$204.60	Students _	x \$133.80	SUBTOTAL
PRICE SECTION 4 Adults	x \$156.60	Students _	x \$97.80	SUBTOTAL





## As a Broadway Series Subscriber, you have the exclusive opportunity to purchase the following shows before they go on sale to the public on May 10, 2018.

(Note: The prices below include the 20% discount and \$2 facility fee)

	PRICE SECTION 1	PRICE SECTION 2	PRICE SECTION 3	
AN EVENING WITH LESLIE ODOM FRI. Oct. 5, 2018, 7:30 PM	\$49.20 x \$25.60 x	\$41.20 ADULT <b>X</b> <u>QTY</u> \$21.60 STU/YTH <b>X</b> <u>QTY</u>	\$33.20 x \$17.60 ADULT x STU/YTH x	
<b>SPAMALOT</b> FRI. Nov. 2, 2018, 7:30 PM	\$65.20 <b>x</b> <u></u> \$33.60 <b>x</b> <u></u> stulyth <b>x</b> <u></u>	\$57.20 ADULT <b>X</b> <u>GTY</u> \$29.60 STU/YTH <b>X</b> <u>GTY</u>	\$49.20 <b>X</b> \$25.60 ADULT <b>X</b> STU/YTH <b>X</b>	
SAT. Nov. 3, 2018, 2:00 PM	\$65.20 <b>X</b> \$33.60 STU/YTH <b>X</b> OTY	\$57.20 ADULT <b>X</b> <u></u> \$29.60 STU/YTH <b>X</b>	\$49.20 ADULT <b>X</b> \$25.60 STU/YTH <b>X</b>	
SAT. Nov. 3, 2018, 7:30 PM	\$65.20 <b>x</b> \$33.60 <b>x</b>	\$57.20 <b>X</b> \$29.60 <b>X</b>	\$49.20 <b>X</b> \$25.60 ADULT <b>X</b> \$TU/YTH <b>X</b>	
			SUBTOTAL SECTION 4	
			SUBTOTAL PAGE 1	

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		SUBTOTAL PAGE 1
	Add a \$15 order fe	e if submitting form after April 30, 2018
	Broad	dway Subscription Total (Enter Amount)
		Add Donation – Friends of Lied Membership A donation of \$100 or more provides opportunities for children to experience a Lied performance for the very first time.
		☐ My employer will match my contribution. I have enclosed my company's matching gift application.
		GRAND TOTAL
Check of	<b>t information</b> or Money Order made payable Jniversity of Nebraska–Lincoln	NAME AS SHOWN ON CREDIT CARD
		CARD HOLDER'S SIGNATURE
lease charge my credi 1 VISA 1 MasterCard 1 Discover		CREDIT CARD BILLING ADDRESS (IF DIFFERENT FROM ABOVE)
Card number		Date
	our contact information	First Name(s):
	your name(s) as you want it to appe	
Address:		
	State	: Zip:
City:		•



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