

# Mail Order Form for Patrons with Disabilities

Order NOT valid without SPT ID # \_\_\_\_\_  Will need wheelchair accessible seating

Other accommodations needed \_\_\_\_\_

Attraction	Date/Time	Alternate Date/Time	Section	Full price # Seats x Price	SPT price # Seats x Price	Total
				_____ x \$ _____ + _____ x \$ _____ = _____		
				_____ x \$ _____ + _____ x \$ _____ = _____		
				_____ x \$ _____ + _____ x \$ _____ = _____		
				_____ x \$ _____ + _____ x \$ _____ = _____		

If order cannot be filled as requested:

Send best available  Next lower price  Any price  Cancel order

When ordering SPTs, if advance Specially Priced Ticket allotment is sold out:

Substitute full-price tickets  Cancel order for that attraction

Membership (\$50)	\$ _____
Postage & Handling	\$ 2.00 _____
<b>TOTAL</b>	<b>\$ _____</b>

Name \_\_\_\_\_ Day phone \_\_\_\_\_

Address \_\_\_\_\_ Evening phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ E-mail \_\_\_\_\_

Enclosed is my check payable to "The Kennedy Center"

Charge to my credit card:  Visa  Mastercard  American Express  Diners Club

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Cardholder Signature \_\_\_\_\_



The Kennedy Center  
Specially Priced  
**Tickets**



Mail to: The Kennedy Center,  
(include name of earliest attraction),  
P.O. Box 10808  
Arlington, VA 22210;  
or fax to (202) 416-8545.