

CED Group Presents African American Dance Review Season 3



PLEASE WRITE LEGIBLY; COMPLETE ENTIRE FORM AND FAX/EMAIL TO
 GROUP SALES COORDINATOR, DIONNE BATTLE (PLATEAU EVENTS)
 FAX 678.222.3401 or EMAIL dbattle@plateauevent.com

GENERAL INFORMATION					
Group/Organization Name					
Contact Person/Organizer					
Check One:	<input type="checkbox"/> NEW PATRON		<input type="checkbox"/> EXISTING PATRON		
How did you hear about us?	<input type="checkbox"/> AADR 3 Cast <i>(specify)</i>	<input type="checkbox"/> Flyer, Poster or Eblast	<input type="checkbox"/> 14 th Street PH	<input type="checkbox"/> AADR or CED Staff <i>(specify)</i>	<input type="checkbox"/> Other <i>(specify)</i>
Mailing Address					
City, State Zip					
Telephone Numbers	DAY: ())		CELL: ())		
Other Contact Info	FAX: ())		EMAIL:		
ACCESS NEEDS: <small>Select all that apply – 14th Street PH may/may not be able to accommodate</small>	<input type="checkbox"/> Wheelchair Accessible Seats <small>If so, how many people are in wheelchairs and how many people will accompany them? _____/_____</small>		<input type="checkbox"/> Other <i>(specify)</i>		
PERFORMANCE INFORMATION					
Preferred AADR Show Date	<input type="checkbox"/> THURS, 3/24/11 - 10:00 am	<input type="checkbox"/> THURS, 3/24/11 – 6:30 pm	<input type="checkbox"/> SUN, 3/27/11 – 3:30 pm		
Approximate number of people in group:			Number of SENIORS? _____ CHILDREN? _____		
Special Notes					

Thank you for completing this form. A Group Sales Associate will contact you to confirm and finalize your ticket order.

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School Field Trip Group Sales

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GENERAL INFORMATION

School Name					
Contact Person/Organizer					
How did you hear about us?	<input type="checkbox"/> AADR 3 Cast <small>(specify)</small>	<input type="checkbox"/> Flyer, Poster or Eblast	<input type="checkbox"/> 14 th Street PH	<input type="checkbox"/> AADR or CED Staff <small>(specify)</small>	<input type="checkbox"/> Other <small>(specify)</small>
School Mailing Address					
County					
City, State Zip					
Telephone Numbers	DAY: ()		CELL: ()		
Other Contact Info	FAX: ()		EMAIL:		
ACCESS NEEDS: <small>Select all that apply – 14th Street PH may/may not be able to accommodate</small>	<input type="checkbox"/> Wheelchair Accessible Seats <small>If so, how many people are in wheelchairs and how many people will accompany them? _____ / _____</small>		<input type="checkbox"/> Other <small>(specify)</small>		

PERFORMANCE INFORMATION

AADR Schools' Show Date	<input type="checkbox"/> THURS, 3/24/11 - 10:00 am <small>A Group Sales Inquiry form must be completed if an alternate production date is desired</small>				
Approximate number of people in group:			Number of ADULTS? _____	CHILDREN? _____	
Special Notes					

Thank you for completing this form. A Group Sales Associate will contact you to confirm and finalize your ticket order.