**Fax to:**
Alaska Center for the Performing Arts, Inc.
Attention: Office of Development
907-263-2927

**Mail to:**
Alaska Center for the Performing Arts, Inc.
Attention: Office of Development
621 W. 6th Avenue
Anchorage, Alaska 99501

**TAKE A SEAT ORDER FORM**

**Contact Information:**

Title: ▫ Mr. ▫ Mrs. ▫ Ms. ▫ Dr. ▫ Mr. & Mrs. ▫ Other: _____

First, Last Name: _____

Spouse's Name: _____

▫ Home address ▫ Business address

Business Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Business Phone: _____

E-mail address: _____

Name as you would like it to appear in recognition: _____

**Please check off which theatre where you would like your seat plaque to be located:**

☐ Atwood Concert Hall
☐ Discovery Theatre
☐ Sydney Laurence Theatre

**Seat Location:**

☐ Orchestra ($250 each)
☐ Mezzanine ($100 each)
☐ Balcony ($100 each/Atwood only)

*(if ordering more than one seat, please print out additional pages as needed)*

**Row Letter:** _____ **Seat Number:** _____

**I would like the following wording on the plaque (2 lines, 35 spaces per line):**

_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

**Payment Information:**

# of seats _____ x $_____ = TOTAL: $_____

Method of Payment: ▫ Visa ▫ MC ▫ AmEx ▫ Check
Account #: _____ Exp. Date: _____
Name as it appears on the card: _____

Updated on: 7/15/2011 AH