

ORDER ONLINE

Order any time at
hexagon.org/tickets

ORDER BY EMAIL

Complete the order form below,
scan and email to:
audience.relations@hexagon.org

ORDER IN PERSON

Box office is open on performance
dates one hour before show time.

ORDER BY US MAIL

Complete the order form
below and mail to:
Hexagon Inc.
5505 Connecticut Avenue NW
PMB 294
Washington, DC 20015-2601

Please note: If you have special
needs, you must order tickets by
mail or email. Online ticketing
cannot accommodate your request.

HOW TO ORDER

QUESTIONS?

email

audience.relations@hexagon.org

call

202.333.SHOW ext. 2

visit

hexagon.org

TICKET ORDER FORM

	1st Choice Date	2nd Choice Date	3rd Choice Date	Number of Tickets	Ticket Price	=	Total
Individual Tickets	_____	_____	_____	_____	x \$30.00	=	\$ _____
Group Tickets (10 or more)	_____	_____	_____	_____	x \$25.00	=	\$ _____
Thursday evening tickets <i>(if purchased by February 17)</i>	_____	_____	_____	_____	x \$25.00	=	\$ _____
Processing Fee (per ticket)				Total number of tickets _____	x \$ 3.00	=	\$ _____
Mailing Fee (per order)							\$ 2.00
Please accept our tax-deductible contribution to Hexagon							\$ _____
Please accept our tax-deductible contribution to Friends of Hexagon							\$ _____
TOTAL ORDER AMOUNT							\$ _____

SPECIAL NEEDS

- Audio headsets
- Seating for vision impairment
- Wheelchair-accessible seating

Please request any special needs here.

Do you want to reserve audio headsets? Yes # of headsets _____

Do you need special seating for visual impairment? Yes # of seats _____

Do you need wheelchair-accessible seating? Yes # of seats _____

Will you remain in a wheelchair during the performance? Yes No

PAYMENT

Check enclosed
(Payable to Hexagon, Inc.)

Credit card
(Visa/MC/Amex/Discover)

Card number: _____

Expiration date: _____

Signature: _____

BILLING ADDRESS (PLEASE PRINT)

Name _____

Address _____

City _____ State _____ Zip _____

Daytime phone _____

Tickets will be sent electronically to the email address provided on this
form unless you request otherwise. To have your tickets mailed to you,
check the box below:

Send my tickets by US postal mail

SHIPPING ADDRESS (IF DIFFERENT FROM BILLING ADDRESS)

Name _____

Address _____

City _____ State _____ Zip _____

Evening phone _____

Email _____