

# BESTELLFORMULAR / TICKET ORDER FORM

Datum	Zeit		Anzahl	Ticket	Total
Mi, 2.8.	20.00h	“Barock Gala” <i>Kammerorchester Basel &amp; Maurice Steger</i>		90 60 30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Do, 3.8.	11.00h	“Vertraut und doch so anders” <i>Viviane Chassot &amp; Friends</i>		25	
Do, 3.8.	12.15h	“Meet the artist” <i>Mittagessen / Lunch at the hotel Chesa Grischuna</i>		30	
Do, 3.8.	19.00h	“The Beethoven Experience – La Malinconia” <i>Cuarteto Casals</i>		75 55 20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Fr, 4.8.	11.00h	“A Nordic Serenade” <i>University of Lund Student Singers</i>		25	
Fr, 4.8.	19.00h	“The Classical Style” <i>Malmö Symphony Orchestra &amp; Håkan Hardenberger</i>		90 60 30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Sa, 5.8.	20.00h	“Songs and Dances” <i>Malmö Symphony Orchestra &amp; Håkan Hardenberger</i>		90 60 30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Totalbetrag / Total amount

Ich bin Mitglied des Gönnervereins und erhalte 10% Preisermässigung /

I am member of the donors association and will get 10% price reduction

Bitte belasten Sie meine Kreditkarte / Please charge my credit card

MasterCard  Visa

   
   
   
   

Verfalldatum / Expiration date

Security code

 
 
  

Name auf der Credit Karte /

Name of Credit Card Holder .....

Lieferadresse / Ticket deliver to

Name .....

Strasse / Street .....

Postleitzahl, Ort / Postal code, City .....

Tel. privat / Phone private .....

Büro / Office .....

Mobil / Mobile .....

E-Mail .....

Datum, Unterschrift /

Date, signature .....