ELEVATOR REPAIR SERVICE

Please send completed form to Elevator Repair Service 47 Great Jones Street, 3rd Floor, NY, NY 10012, email to ed@elevator.org, or fax to 212-254-3741

Arguendo Benefit Order Form

Event Schedule

6:00pm Cocktail Reception

VIP ticket buyers will join the ERS Board of Directors before the show for passed canapés, cocktails, and wine at Lafayette, Andrew Carmellini's new grand French restaurant. 380 Lafayette Street, NYC

7:00pm Performance

An exclusive performance of *Arguendo* celebrating the World Premiere engagement at The Public Theater. 425 Lafayette Street, NYC

8:30pm Conversation

Jeffrey Toobin (CNN & The New Yorker), Amy Adler (NYU Law School), and special guests will gather on stage for a lively discussion of the legal and cultural issues raised in the performance.

9:00pm Party

Mingle with the ERS company and Board after the show for drinks and light fare at the home of ERS Board Member Nicholas Quinn Rosenkranz.

Ticket Order

☐ Yes, I would like to attend the ERS benefit on Tuesday, September 17, 2013
Please select your number of tickets:
VIP ticket(s) (\$1,000 single / \$1,750 pair)
Preferred ticket(s) (\$500)
General ticket(s) (\$350)
I cannot attend, but would like to support the ERS benefit by making a donation of: \$

Payment Information

Total amount enclosed:

Tickets

\$1,000 VIP Single Ticket*

- Access to pre-show cocktail reception
 post-show party
- VIP seating at *Arguendo* performance & conversation
- Listing in benefit program
- Take-home gift

*Special offer: \$1,750 for a pair of VIP tickets

(\$850 tax deductible single ticket /\$1,450 tax deductible pair of tickets)

\$500 Preferred Single Ticket

- Preferred seating at *Arguendo* performance & conversation
- Access to post-show party
- Listing in benefit program (\$400 tax deductible)

\$350 General Single Ticket

- General seating at Arguendo performance & conversation
- Access to post-show party
- Listing in benefit program

(\$250 tax deductible)

Name(s):

Guest Information

	e listed in program		
Guest(s):			
Address:			
City:			
State:		Zip	:
Email: _			
Phone: _			
Please make checks payable to Elevator Repair Service or enter credit card account information			
Payment info:	☐ check	credit card	

_ / ___ exp. date

card number