



## Box Office Complimentary Ticket Authorization Form

Please complete this form and send to:

The Conference Center @ SVSU  
Curtiss Hall 142

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_

Event: \_\_\_\_\_ Date(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

Name	Quantity	Received by: Signature	Date

Signature: \_\_\_\_\_ Date: \_\_\_\_\_