



Season Seat Member Relocation Form

Here are three easy ways you can put in your request:

- I. **ONLINE** at: **www.SunTrustBroadway.com** and click on Season Seat Member Login to submit your request during the renewal process
- 2. **E-MAIL** a copy of this form and your renewal invoice to **Relocations@dpacnc.com**
- 3. MAIL a copy of this form and your renewal invoice to DPAC, 123 Vivian St, Durham, NC 27701

Please review these frequently asked questions about the relocation process:

When can I submit a relocation request?

- Relocation requests will be accepted by mail and email beginning February 17th at 7:30pm. Any requests submitted prior to this time will not be accepted.
- Each relocation request will be date and time-stamped when received, and priority will be based on when we receive your initial order.
- Please note that each member need only submit one relocation request. Submitting a relocation request online through your DPAC Account Manager takes the place of submitting a form. It is not necessary to do both.
- All relocation requests must be in writing. Our apologies, but we're unable to accept requests by phone.

Will you contact me to discuss options for relocating my seats?

- Due to high demand, we're unable to contact each member individually to discuss and approve specific seat changes. Ticket Center staff will use their best judgement to accommodate each request.
- Once changed, your current seats will be reassigned and cannot be retrieved.
- · Your original seats will be maintained if your request is unavailable.

When will I know if my seats have been changed?

- Starting in late May, our team of Season Seat Specialists will place all requests in the order in which they were received and begin the relocating process.
- You will be notified via e-mail at the end of June if your seat change request has been fulfilled.

By submitting this request, you agree to the terms outlined above.

Seating Preferences

Would you like to move within your current price level (see reverse for a map of price levels)?

I would like to move closer to the front
o Please indicate the number of seats to the side you're willing to move to be closer to the front
o Please check this box if you're willing to move to limited view seats if they are closer to the front
I would like to move closer to the center
o Please indicate the number of rows you're willing to move back to be closer to the center
Would you like to move to an aisle seat? (please check all that apply)
o I would like to move to an aisle, but it's not required to complete my request
o I MUST move to an aisle seat due to a medical condition or other personal preference
o I am currently seated on an aisle and do NOT want to move away from my aisle seat
o I am currently seated on an aisle, but am ok with moving away from the aisle if it fulfills other parts of my request
o Please indicate the number of rows you're willing to move back to get an aisle seat (ex. I-I0)

Seating Preferences continued

Would you like to move to a different price level or seating section

(see map below)?		
□ I would like to move to the Heart of Broad I would like to move to the Broadway's Be □ I would like to move to the Broadway's Be □ I would like to move to the Value Circle − □ I would like to move to the Value Circle − □ I would like to move to the Super Saver −	st – Grand Tier seating level Orchestra seating level Grand Tier seating level	
Would you like to change your	performance day/time (check all that ap	ply)?
☐ Tuesday		
☐ Wednesday	201	132
☐ Thursday		G
☐ Friday	SUPER SAVER	E
☐ Saturday Matinee	C	C

■ Sunday Evening ☐ Please check this box if you are unable to attend on your current day/time and must move to a new day/time regardless of seat location

Are you interested in any of the following upgrades?

☐ Saturday Evening ☐ Sunday Matinee

Add me to the wait list for Gold Circle Seating
Contact me about upgrading to a President's Club
package

Do you need accessible seating?

A member of my party uses a wheelchair
and will be using the wheelchair as a seat
A member of my party uses a wheelchair
and will be transferring to a fixed theatre seat
A member of my party is mobility impaired
and cannot walk up/down stairs
A member of my party is visually impaired
A member of my party is hearing impaired

Do you now or would you like to sit with another account holder?

☐ Yes, please seat me with		
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☐ Please check this box if you have separated seats you would like to move together



FLOOR LEVEL