

**UNITED THEOLOGICAL SEMINARY OF THE TWIN CITIES  
EVENINGS AT THE BIGELOW: ART AND SOUL**

**Featuring SUSAN DEBORAH (SAM) KING  
TUESDAY, OCTOBER 19, 7:30 PM**

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_  
Address \_\_\_\_\_ (evening or preferred) \_\_\_\_\_  
City/ST/Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
\_\_\_\_\_ Clergy \_\_\_\_\_ Laity \_\_\_\_\_ UTS Student

**GUESTS**

**GUEST #1 (self)**

Full name \_\_\_\_\_

**GUEST #2**

Full name \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

**GUEST #3**

Full name \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

**GUEST #4**

Full name \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

**GUEST #5**

Full name \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

**GUEST #6\***

Full name \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

*\*If you have additional guests, please use the back of this form to add their names.*

Total Number of General Price Guests \_\_\_\_\_ (\$20)

Total Number of Student Rate Guests \_\_\_\_\_ (\$10)

Total Enclosed \$ \_\_\_\_\_

***Make checks payable to UTS.***

**Please return completed form or direct questions to:**

Renee K. Flesner  
3000 Fifth Street Northwest  
New Brighton, MN 55112-2598  
651.255.6138 or [rflesner@unitedseminary.edu](mailto:rflesner@unitedseminary.edu)  
651.633.4315 (fax)

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Please print your name as it appears on the card

\_\_\_\_\_