

# NYU Radiology ■ Deer Valley 2017

## Ski Lift Ticket Order Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (DAY) \_\_\_\_\_

Email (For Receipt) \_\_\_\_\_

	Discounted Adult Lift Tickets	Children (5-12)*	Senior (over 65)*
1 day	# ____ @ \$101	# ____ @ \$80	# ____ @ \$89
2 of 7 day	# ____ @ \$183	# ____ @ \$160	# ____ @ \$178
3 of 7 day	# ____ @ \$269	# ____ @ \$201	# ____ @ \$255
4 of 7 day	# ____ @ \$354	# ____ @ \$264	# ____ @ \$336
5 of 7 day	# ____ @ \$434	# ____ @ \$325	# ____ @ \$415
6 of 7 day	# ____ @ \$509	# ____ @ \$384	# ____ @ \$492
Total Amount _____			

**\*Please note- Children & Senior ticket prices are the same as the lift ticket window pricing.**

**Additional Special Rates - Beginner \$40** -Valid on Wide West, Silver Lake Express chairlift, Viking chairlift and Silver Lake conveyor lifts only. These tickets are available at the lift ticket window.

### PAYMENT METHOD: Check or Credit Card

☐ **Check in U.S. Dollars** (payable to NYU Department of Radiology)

**Please send to:** Marisa Costello – 462 First Avenue, OBH C&D, 1<sup>st</sup> Fl, Rm 4, New York, NY 10016

☐ **Credit Card** - Please Circle One:    Visa        MasterCard        American Express

Card Member's Name (print carefully) \_\_\_\_\_

Card # \_\_\_\_\_

Exp Date: (MM/YYYY) \_\_\_\_ / \_\_\_\_      Amount to be Charged: \$ \_\_\_\_\_

Signature (required to process) \_\_\_\_\_

**Please fax or email to Marisa Costello:**

**Fax - 212-263-3959 • Email – marisa.costello@nyumc.org**