



READ ALL INFORMATION CAREFULLY. COPY AND RETAIN COMPLETED FORM FOR YOUR REFERENCE. To assist us in processing your order, please write clearly and legibly.

WCOC

1 Verify and make any changes to your personal information.

Name: _____ Patron Number: _____
Address: _____ Home Phone: _____
Business Phone: _____
City/Province: _____ Postal Code: _____ Email: _____

- 2 Sign me up for the COC's eOpera newsletter (confirm or enter your e-mail address above).
Sign me up to receive a digital renewal package by e-mail next year. Please note: Signing up for this service means you will not receive a paper copy of your renewal package! (confirm or enter your e-mail address above).

- 3 I would like to order a PREMIER SUBSCRIPTION. All seven operas at a discount of up to 50% (due to high subscription demand you must provide two choices of date or section).
I would like to order a SELECT SUBSCRIPTION. (please provide a minimum of two choices).

Table with columns: SERIES, SECTION, PRICE TYPE, QUANTITY, PRICE/PERSON, TOTAL. Includes example row and choice lines.

- 4 I wish to order tickets for the Special Ensemble Studio presentation of Semele, May 23, 2012.
of Tickets x \$55 (Sections 2A, 2B, 1A, 1B, 1C, 1D, 1E, 3A, 3B) =
of Tickets x \$22 (Sections 1F, 3C, 4A, 4B, 5A, 5B, 5C) = \$ SUB-TOTAL (B)

- 5 I WISH TO SUPPORT GREAT OPERA WITH A CHARITABLE GIFT.
Thank you for purchasing a subscription! Your ticket price covers only 41% of what it takes to put great opera on stage, and to run programs that inspire a love of music in our community. Please include a charitable gift with your subscription. You make it possible!
Suggested donation: \$150
OR
I would like to make a gift of: \$ SUB-TOTAL (C)
Whenever appropriate, please publish my name as: OR Anonymous
I have included the COC in my will I would like someone to contact me about making a planned gift

6 GRAND TOTAL: (A) + (B) + (C) = \$

- 7 PAYMENT METHOD: VISA MASTERCARD AMEX CHEQUE(S) payable to "Canadian Opera Company"
Card number: _____ Expiry date: ____/____/____
Card holder name (if different than account name): _____ Signature: _____

- 8 PAYMENT OPTIONS
Payment in full Four instalments by August 1
On receipt of order: 25% of Grand Total
June 1, July 1 and August 1: 25% of Grand Total on each date
For additional billing plans that include alternate instalment dates, please contact COC Ticket Services at 416-363-8231.

Please call COC Ticket Services at 416-363-8231 with any questions before you purchase. Feel free to enclose additional instructions.

MAIL: Ticket Services
Canadian Opera Company
227 Front St. E.
Toronto, ON M5A 1E8

IN PERSON: Four Seasons Centre Box Office
145 Queen St. W.
Monday to Saturday: 11 a.m. to 6 p.m.

FAX: 416-363-2895
(credit card orders only)