

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 Mailing and contact 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 and 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 and enter your e-mail address above).

- 3** I would like to order a discounted **PREMIER SUBSCRIPTION**. All seven operas at a discount of up to 50% off individual tickets. (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).

SERIES	SECTION	PRICE TYPE	QUANTITY	PRICE/PERSON	TOTAL
EXAMPLE: <i>Wednesday Premier</i>	<i>1D</i>	<i>Adult</i>	<i>2</i>	<i>\$ 658</i>	<i>\$1,316</i>
1st choice: _____					SUB-TOTAL (A)
2nd choice: _____					
3rd choice: _____					
Comments: _____					

- 4** I wish to order tickets for the **Special Ensemble Studio** presentation of *La clemenza di Tito*, Feb. 6, 2013.
 # of Tickets _____ x \$55 (Sections 2A, 2B, 1A, 1B, 1C, 1D, 1E, 3A, 3B) = \$ _____
 # of Tickets _____ x \$25 (Sections 1F, 3C, 4A, 5A, 5B) = \$ _____
- 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 Anonymus
 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 from account name): _____ Signature: _____

- 8 PAYMENT OPTIONS**
 Payment in full **Four instalments by July 31**
 On receipt of order: 25% of Grand Total May 31, June 29 and July 31: 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.