

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

1 Name: _____ Patron Number: _____
Address: _____ Home Phone: _____
_____ Business Phone: _____
City: _____ Province: _____ E-mail: _____
Postal Code: _____

- 2** Sign me up for COC's eOpera newsletter so I can receive the complete COC digital experience (enter your e-mail address above).
 In future, I would prefer to receive renewal information by e-mail only and not by mail (enter your e-mail address above).

- 3** I would like to order a **PREMIER SUBSCRIPTION**. All seven operas at a discount of up to 49%
(Due to high subscription demand, you must provide three choices of date or section).
 I would like to order a **SELECT SUBSCRIPTION**. (Please provide a minimum of three choices).

	SERIES	SECTION	PRICE TYPE	QUANTITY	PRICE/PERSON	TOTAL
Example:	Wed. Premier	1D	Adult	2	\$679	\$1,358
1st choice:	_____					
						SUB-TOTAL (A)
2nd choice:	_____					
3rd choice:	_____					
Comments:	_____					

- 4** I wish to order tickets for the Special Ensemble Studio performance of *The Magic Flute*, February 17, 2010.

of Tickets _____ x \$50 (Sections 1A, 1B, 1C, 1D, 3A, 3B, 4A, 4B) = \$ _____
of Tickets _____ x \$20 (Sections 1E, 3C, 4C, 5A, 5B) = \$ _____
\$ _____
SUB-TOTAL (B)

- 5** I WISH TO SUPPORT GREAT OPERA WITH A CHARITABLE GIFT.

Suggested donation: \$ 150.00

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!

or
I would like to make a gift of: \$ _____

SUB-TOTAL (C)

- Whenever appropriate, please publish my name as: _____ or I wish to remain 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) to "Canadian Opera Company"
Card number: _____ Expiry date: _____ / _____
Card holder name: _____ Signature: _____

8 PAYMENT OPTIONS:

- Payment in full** **Four Payments by April 30 - Save the HST!**
On receipt of order: 25% of Grand Total
March 1, April 1 and April 30: 25% of Grand Total on each date

For information on additional billing plans which include later installment dates, contact COC Ticket Services at 416-363-8231.
Please note that billing plans that include installment dates after April 30 must include the full HST on all payments.