

2019-20 SUBSCRIPTION ORDER FORM

A.C.T. AMERICAN
CONSERVATORY
THEATER

NAME (IF PAYING BY CREDIT, PLEASE WRITE NAME AS IT APPEARS ON CREDIT CARD.)

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL (EMAIL IS THE BEST—AND SOMETIMES ONLY—WAY TO RECEIVE ADVANCE NOTICES, SPECIAL INVITATIONS, AND SHOW UPDATES. A.C.T. DOES NOT SHARE OR SELL YOUR EMAIL ADDRESSES.)

VISIT ACT-SF.ORG/EDUCATE FOR STUDENT/EDUCATOR PRICING.

FULL SEASON SUBSCRIPTION

1. NUMBER OF PACKAGES _____

2. CHOOSE YOUR SERIES: PREVIEW WEEKDAY PREVIEW WEEKEND WEEKDAY FRIDAY EVE WEEKEND

3. SELECT PERFORMANCE DAY AND TIME:

_____ MAT EVE (CIRCLE ONE)
DAY TIME
 ORCHESTRA MEZZANINE BALCONY

\$ _____ X _____ = \$ _____
PACKAGE PRICE # OF PACKAGES SUBTOTAL A

SUBSCRIBER SPECIALS

WORDS ON PLAYS SUBSCRIPTION

PRINT EDITION (\$70 PER SHOW)

\$ _____

ELECTRONIC EDITION (\$35 PER SHOW)

\$ _____

\$ _____

PREPAID PARKING PASSES (\$105 PER SHOW)

= \$ _____

SUBTOTAL B

TOTAL AND PAYMENT

I. PLEASE ADD SUBTOTALS A & B

\$ _____

MAKE A TAX-DEDUCTIBLE DONATION (SUGGESTED) *friends of A.C.T.*

\$ _____

PLEASE ADD A \$12 PER PERSON HANDLING FEE (REQUIRED)

\$12 X _____ FOR A TOTAL OF=

\$ _____

EXPEDITE YOUR ORDER! PLEASE BE SURE TO INCLUDE ALL HANDLING FEES.

OF PACKAGES

GRAND TOTAL

\$ _____

2. CHOOSE YOUR METHOD OF PAYMENT

ENCLOSED CHECK MADE PAYABLE TO AMERICAN CONSERVATORY THEATER

CHARGE TO: AMERICAN EXPRESS MASTERCARD VISA

CARD NUMBER

EXP

SECURITY CODE (3 DIGIT CODE ON BACK OF CARD)

THREE-MONTH PAYMENT PLAN FOR CREDIT CARD PAYMENTS ONLY. FIRST CHARGE TODAY; SECOND CHARGE 30 DAYS FOLLOWING INITIAL PAYMENT; FINAL CHARGE 60 DAYS FOLLOWING INITIAL PAYMENT.** (REQUIRES ONE-TIME EXTENDED PAYMENT FEE OF \$15)

MAIL OR FAX THIS ORDER FORM TO:

A.C.T. SUBSCRIPTIONS OFFICE
30 GRANT AVENUE, 7TH FLOOR
SAN FRANCISCO, CA 94108-5834

FAX NUMBER:
415.749.2291

YOUR TICKETS WILL BE HELD AT WILL CALL.
PROOF OF ID IS NEEDED TO PICK THEM UP.

QUESTIONS? CALL US

415.749.2250 (M-F, 11AM-6PM)

OR EMAIL US AT SUBSCRIPTIONS@ACT-SF.ORG