

2018-19 SUBSCRIPTION ORDER FORM

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



ORDER ONLINE OR BY PHONE TO SELECT AN INTERACT SERIES. 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

PARTIAL SEASON SUBSCRIPTION (4, 5, OR 6 PLAYS)

1. NUMBER OF PACKAGES _____

2. CHOOSE YOUR SERIES PRICE TYPE: 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

4. CHOOSE YOUR PLAYS:

- | | | |
|---|---------------------------------------|-----------------------------------|
| <input type="radio"/> SWEAT | <input type="radio"/> SEASCAPE | <input type="radio"/> VANITY FAIR |
| <input type="radio"/> A CHRISTMAS CAROL | <input type="radio"/> HER PORTMANTEAU | <input type="radio"/> RHINOCEROS |
| <input type="radio"/> MEN ON BOATS | <input type="radio"/> THE GREAT LEAP | |

SUBSCRIBER SPECIALS

WORDS ON PLAYS SUBSCRIPTION

PRINT EDITION (\$10 PER SHOW)

ELECTRONIC EDITION (\$5 PER SHOW)

PREPAID PARKING PASSES (\$13 PER SHOW)

\$10 X _____ FOR A TOTAL OF = \$ _____
OF EDITIONS

\$5 X _____ FOR A TOTAL OF = \$ _____
OF EDITIONS

\$13 X _____ FOR A TOTAL OF = \$ _____
OF PASSES

= \$ _____
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)

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

\$12 X _____ FOR A TOTAL OF = \$ _____
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)

EXTENDED PAYMENT PLAN

(FOR CREDIT-CARD PAYMENTS ONLY; \$5 WILL BE ADDED TO FINAL TOTAL. FOR EXTENDED PAYMENT PLAN, FIRST HALF CHARGED TODAY, AND THE REMAINDER CHARGED IN 60 DAYS.)

MAIL, FAX, OR EMAIL THIS ORDER FORM WITH PAYMENT TO:

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

FAX NUMBER:
415.749.2291
EMAIL:
SUBSCRIPTIONS@ACT-SF.ORG

QUESTIONS? CALL US

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