

EVENT

SUMMARY

PLEASE RSVP BY
OCTOBER 15, 2009

GENERAL INFORMATION

- Please complete this form and return all pages to OSF by October 15, 2009.
- We recommend retaining a photocopy for your records.
- Ticket pricing on the order forms reflects A+, non-member prices. The box office may substitute a lower price ticket when assigning seats and will adjust for member pricing. Bankcard charges will be adjusted to reflect seat assignments and member pricing. Those paying with a check will be refunded any overpayment.
- All guests must be accompanied by a member or an associate.
- You may purchase tickets up to the number allowed by your level of membership with the exception of Opening Weekend when members are limited to four tickets to each event. (If you have questions about the number of guests you may bring, please consult the ticket buying table on the order form.)
- All itineraries are subject to change. Location of non-play events will be provided to you as soon as they are available.
- Your Opening Weekend tickets will be held at the Festival Box Office.
- Questions? Need more information? The Development Office information is located in the bottom left hand corner.

SPECIAL REQUESTS

- Please mail my tickets to the address below. **OR** Please hold my tickets at the box office.
- I/We wish to be very near the stage. Special access needed (please specify) _____
- I/We have special dietary needs: _____ For whom: _____

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- PLEASE APPLY ANY AVAILABLE COMPLIMENTARY TICKETS FROM MY MEMBERSHIP TO THIS ORDER.

Event	Dates	Total Amount	Guest Names
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
MEMBERSHIP RENEWAL AMOUNT		\$ _____	
BOWMER SOCIETY EDUCATION GIFT		\$ _____	
TOTAL ENCLOSED		\$ _____	

Name(s) _____ Member # _____

Address _____ Daytime Phone _____

City _____ State _____ Zip _____

Email Address _____ Fax Number _____

OSF Development Office
Karen Delsman
Premier Concierge

Post Office Box 158
Ashland, OR 97520

Phone (800) 628-9530
or (541) 482-2111 ext. 386
Fax (541) 482-6917

premier@osfashland.org

PAYMENT OF \$ _____ IS ENCLOSED VIA: Check MasterCard VISA American Express Discover

Credit Card Number _____

Expiration Date _____ Signature _____

Use credit card on file ending in _____ Expiration date _____

Call me for credit card information