CALLIOPE

We Pull Music Out by the Roots

09-10 Calliope Concerts Subscription Renewal Form

_____ Subscriptions @ $242.00 each	=	$_____
ProArtsTickets Handling Fee		$10.00 per order
Individual Calliope Membership ($30.00)	=	$_____
Family Calliope Membership ($50.00)	=	$_____
Tax-deductible Contribution	=	$_____
Total	=	$_____

___Check made out to "ProArtsTickets" is enclosed.
(Please do not send checks to the Calliope office.)

___I am paying by credit card. ___Visa ___MC ___Discover ___Amex

_____ _____
Number on Credit Card *Exp. Date*

_____
Name

_____
Address

_____
Day Phone *Evening Phone* *Email/Other Phone*

____**Renewing 08-09 Subscriber** ___Retain My Seats (order by June 19) ___Change my seats
____**New subscriber** (Best available seats after current subscribers are seated)

Please list your seating preferences in order, tell us if you have special needs, or give us any information we need to fill your order in this space. You are welcome to continue on the back or use additional sheets if necessary.

Send to ProArtsTickets, 707 Penn Ave., 2nd floor Pittsburgh, PA 15222 / Call 412-394-3353