

A Special Christmas Offer From State Theatre Company



Purchase a 4 Play Subscription for yourself or as a gift and go in the draw to win a double pass to an exclusive Gala event with Miriam Margolyes, star of *Neighbourhood Watch*.

4 PLAY SUBSCRIPTION

4 Play Subscriptions offer access to any 4 main stage productions in 2015. See brochure for more details, or contact BASS on 131 246. After receiving your order we will send you a 2015 Season brochure to help you select your performance dates and times. We will be in touch in early January 2015 to confirm your booking.

(You are welcome to purchase a 5, 6 or 7 Play Subscription instead—please contact 8415 5333 for details)

| | EVENING | MATINEE | PREVIEW | UNDER 30S | TOTAL | SUBSCRIPTION SUB TOTAL |
|------------|---------|---------|---------|-----------|-------|------------------------|
| Full price | \$240 | \$224 | \$194 | \$108 | \$ | |
| Conc. | \$220 | \$214 | \$182 | | \$ | \$ |

YOUR DETAILS

| | | | | | |
|--|-------------|------------------------|---------------|----|--|
| Title: | First name: | Surname: | | | |
| Address: | | Postcode: | | | |
| | | | Phone number: | | |
| TOTAL OF ORDER | | | | \$ | |
| <input type="checkbox"/> Cheque/money order, payable to BASS <input type="checkbox"/> Full credit card payment, please charge my credit card | | | | | |
| Credit cards: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX *A 2.5% processing charge applies to all credit card transactions | | | | | |
| Card number: | | Name on card: | | | |
| AMEX ID number: | | Card holder signature: | | | |
| Expiry date: | CSV number: | | | | |
| Date: | | | | | |

I'D LIKE TO GIVE THIS SUBSCRIPTION AS A GIFT!

Gift vouchers are valid for all 2015 State Theatre Company productions. A 2015 Season brochure will be sent with the voucher to help the recipient select their performance dates and times. Christmas orders must be received by Thurs 18 December.

If you would like us to send the voucher to the recipient please complete the following details:

| | | | | | |
|----------|----------|-------------|-----------|--|--|
| To: | Title: | First name: | Surname: | | |
| Address: | | | Postcode: | | |
| From: | Message: | | | | |
| | | | | | |

Please return your completed form c/o Marketing at State Theatre Company, PO Box 8252, Station Arcade, Adelaide 5000 before Friday, 16 January, 2015, by email to marketing@statetheatrecompany.com.au or by fax to 8231 6310