

WHY SUBSCRIBE?

- RETAIN THE BEST SEATS YEAR-TO-YEAR!
- ADVANCE SHOW NOTICE!
- SUPPORT THE ARTS IN YOUR COMMUNITY!

- EXCLUSIVE SUBSCRIPTION SAVINGS!
- NO WAITING IN LINE!
- FREE TICKET INSURANCE!

TELL US ABOUT YOU

- I am a RENEWING Subscriber**
 Renewal Deadline is **Friday, June 19**
- I am a NEW Subscriber**
 For best seating, **ORDER NOW!**
 Orders processed by date received.

TOTAL YOUR ORDER

4 - SHOW CLASSIC # of Seats x \$ Price = \$ Subtotal

Subscription package price includes all taxes, fees and service charges. Prices, shows, schedules and artists subject to change. Payments processed when orders are received. All sales are final, no refunds. Season tickets will be mailed prior to first performance.

Handling Charge + **\$5.00**

TOTAL =

SELECT YOUR PRICE LEVEL

- 4- Show Classic Series**
- | | | |
|--|--|--|
| Level 1 | Level 2 | Level 3 |
| <input type="checkbox"/> \$185.00 | <input type="checkbox"/> \$140.00 | <input type="checkbox"/> \$100.00 |

- Cirque Dreams Illumination* Tuesday, November 24, 2009 7:30pm
- Camelot* Monday, February 1, 2010 7:30pm
- The Wedding Singer* Monday, February 22, 2010 7:30pm
- The Rat Pack Is Back!* Tuesday, March 16, 2010 7:30pm

RENEWAL OPTIONS *NEW SUBSCRIBERS, PLEASE SKIP THIS STEP*

Please select Option 1 or Option 2

- Option 1: Exact Renewal**
 Choose this option to renew your current seats.
- Option 2: Custom Renewal*** (Leave space blank if not applicable)
- Seat Upgrade: I would like to upgrade my current seat location
 Note: _____
- Price Level Change: Please change to: Level 1 Level 2
- Quantity Change: I would like to change my number of seats to: _____
- Check if you require accessible seating. # of seats _____

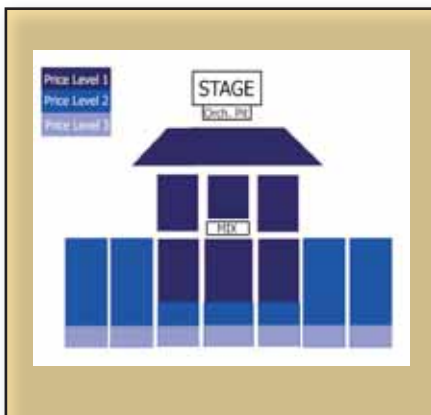
*Changing your seat quantity or price level may affect your seating location.

SUBSCRIBING IS EASY!

MAIL or BRING
 your order form to:

FARGODOME
 1800 N. University Drive
 Fargo, ND 58102

CALL 701-241-9100
FAX 701-237-0987



PAYMENT INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAY PHONE _____ EVENING PHONE _____

PLEASE PROVIDE E-MAIL ADDRESS FOR BROADWAY UPDATES _____

Enclosed is my check payable to **FARGODOME** check# _____

Please charge the full amount to my:

Visa MasterCard Discover Amex

CARD NUMBER _____ EXP DATE _____

NAME ON CARD _____

X _____

SIGNATURE _____

YOUR CURRENT SUBSCRIPTION INFORMATION IS:

