## HONOLULU CHAMBER MUSIC SERIES

## 2015-2016 SEASON SUBSCRIPTION ORDER FORM

Send this form along with a self-addressed	1 1	
information to HONOLULU CHAMBER	. MUSIC SERIES, PO Box 2233, Hono	olulu, H1 96804-2233.
(circle one) Mr. Mrs. Ms.	Miss Dr.	
Name (First MI Last):		
Address:		
Address 2:		
City:	State:	Zip Code:
Telephone:	_ E-mail:	
Total Number of Subscriptions	(Early special by Oct. 1)	x \$180 = \$
	(Regular Price after Oct. 1)	x \$195 = \$
Gift or donation to HCMS		\$
TOTAL AMOUNT ENCLOSED		\$
Check / money order payable to: HONOL	ULU CHAMBER MUSIC SERIES	
Credit Card Charges (Visa/Mastercard only	ÿ)	
Credit card type (circle one): Visa	Mastercard	
Credit Card number: Your signature:	Expiration date (MM/YYYY):	

SEASON TICKETS will be mailed approximately two weeks prior to the first concert. Please be sure to include a self-addressed stamped envelope with your request. Thank you.