



RENEW YOUR SUBSCRIPTION BY SEPTEMBER 12

AND YOU CAN WIN AN OPPORTUNITY TO MEET ONE OF OUR **BIG NAMES**

(See second side for details)

SUBSCRIBER INFORMATION:

SUBSCRIBER: _____ PATRON ID: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

E-MAIL: _____

(E-mail is the best and sometimes only way to receive advance notices, special invitations, and show updates.)

2025—2026
NEW SEASON

**RENEW YOUR
SUBSCRIPTION
TODAY!**

RENEW ONLINE

sacramentospeakers.com

RENEW BY PHONE

916.388.1100

Mon-Fri 9am-5pm

FAX ORDERS TO

916.388.5134

24 HOURS A DAY

**SUBSCRIPTION
OFFICE**

301 University Avenue

Suite 105

Sacramento, CA 95825

PLEASE RENEW MY SEASON SUBSCRIPTION AS LISTED BELOW:

SEATING NUMBERS	QTY of SEATS	SEASON RENEWAL	SUBSCRIPTION TOTAL
<input type="text"/>	<input type="text"/>	x <input type="text"/>	= <input type="text"/>

Facility fee* per subscription

Transaction fee**

The total due is

AMOUNT ENCLOSED

**IN ORDER TO MAINTAIN YOUR
SEAT ASSIGNMENT, YOU MUST
RENEW BY THE SEPTEMBER 12,
2025 DEADLINE.**

SPECIAL CONSIDERATIONS:

Please check any of the following that may apply:

- ☐ I would like to sit with another subscriber: _____
- ☐ Please give me the best available seats in my section
- ☐ I have accessibility requirements (Please note on the second side of this form)

I am adding seats to my order and have chosen one of the following:

- ☐ If seats are not available next to me, please add seats as close as possible
- ☐ I will accept a different location so we can all sit together

I WISH TO PAY BY:

- ☐ Enclosed is a check payable to Sacramento Speakers Series
- ☐ Extended payment plan. Available for credit card payments only.

First payment due upon purchase. Second payment due 10/1/25.

(If this box is NOT checked, entire payment will be processed on date of purchase)

- ☐ Visa Card Number:
- ☐ MasterCard Exp Date: ____/____ CVC: _____
- ☐ Amex Billing Address (if different from above): _____

* The City of Sacramento imposes a facility fee of \$4.00 per ticket for each of our six events (\$24.00 total)

** All orders are subject to a \$30.00 transaction fee

*** Payment plan: First payment is due upon purchase. Second payment due 10/1/25.

(A one-time extended payment plan fee of \$5.00 will be charged at the time of purchase.)

Attendance is subject to City,
County, State and CDC guidance
at the time of performance.

RENEW FOR THE SEASON BY SEPTEMBER 12 AND WIN!

When you renew your subscription you will automatically be entered into a drawing for a chance to win an opportunity to meet one of our **BIG NAMES** prior to their engagement.

To qualify, we must receive your subscription order by **Friday, September 12, 2025**.

SEASON SUBSCRIPTION INFORMATION, SEATING CHARTS AND PRICING

EARLY SUBSCRIBER BENEFITS

Best prices, best seats, and the best possible personal service. By joining **SACRAMENTO SPEAKERS SERIES**, you will ensure that your season journey will be the ultimate experience! Subscribing to our **"BIG NAMES ARE COMING" 2025-2026 Season** is the only way to guarantee the best price and seats in your preferred location.

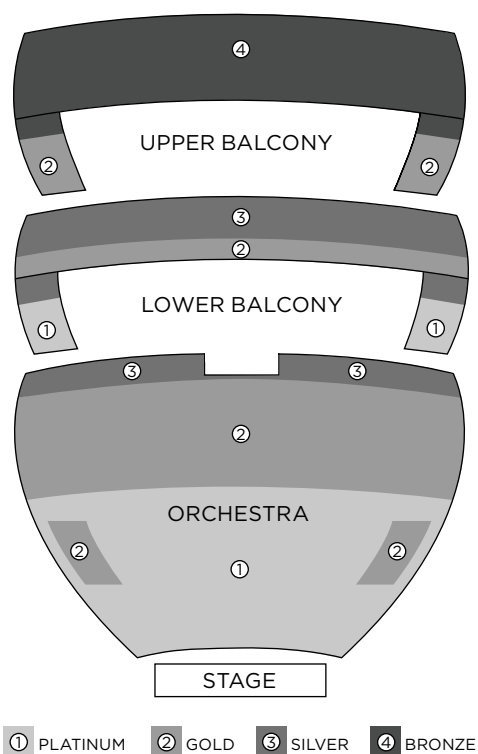
GUARANTEED BEST SEATS

Subscribers enjoy the best seats—guaranteed. Season subscribers (six engagements) are seated first and keep the same seats for every performance.

LOCK IN THE BEST PRICES

All shows, all seats – subscribers get the best seats. Avoid price increases later in the season.

SAFE CREDIT UNION PERFORMING ARTS CENTER



2025-2026 SEASON SUBSCRIPTIONS

PLATINUM.....	\$540
GOLD.....	\$480
SILVER.....	\$390
BRONZE.....	\$300

HOW WE SEAT OUR SUBSCRIBERS

Our subscription staff will reseat all our subscribers – one at a time! Here's how we ensure that you get the seats you deserve:

- Renewing season subscribers who order by the deadline and keep their same season subscription are seated first.
- Renewing season subscribers who order by the deadline and request a seating change are seated next. Priority is determined by original date of purchase.

SPECIAL CONSIDERATIONS:

PLEASE CHECK IF NEEDED: ☐ Aisle seat ☐ Wheelchair Space ☐ No Stairs

☐ Other accommodations: _____

If you attend with friends, OR SHARE YOUR SUBSCRIPTION, please provide the following information:

Friends' Name: _____

Phone: _____ E-mail: _____

Address: _____

City / State / Zip: _____



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