

FINE ARTS MUSEUMS OF SAN FRANCISCO - GROUP SALES

GROUP TICKETING ORDER FORM

Picasso: Masterpieces from the Musée National Picasso, Paris

de Young Museum — June 11-October 9, 2011

<p>To request admission tickets for a group of ten or more people, please complete this order form and send with payment to:</p>	<p>Mail: FAMSF Group Sales 50 Hagiwara Tea Garden Dr. San Francisco, CA 94118</p>	<p>Email: groupsales@famsf.org Fax: (415) 750-2679</p>
---	--	--

DESIRED DATE OF VISIT: _____ **ENTRY TIME:** _____

Ticket type	# of tickets	x	Group rate		=	Total
			Weekday	Weekend		
Adult*	_____	x	\$20.00	\$25.00	=	_____
Senior (ages 65+)	_____	x	\$20.00	\$22.00	=	_____
Youth (ages 6-17)	_____	x	\$10.00	\$15.00	=	_____
College (w/ valid ID)	_____	x	\$15.00	\$21.00	=	_____
FAMSF Member**	_____	x	\$0.00	\$0.00	=	_____
Audio guide rental	_____	x	\$6.00	\$6.00	=	_____

*Groups automatically receive one complimentary adult ticket for every ten youth tickets purchased, rounding up. Youth groups should use this field **only** for requesting **additional** adult tickets.

Subtotal:	_____
Handling:	\$10.00
Grand total:	_____

All member names and membership numbers must be submitted with order. **Member tickets do not count towards the minimum purchase of ten tickets required to book. The number of Member tickets available at each entry time is limited; **our ability to fulfill your request for Member tickets is strictly limited to available spaces.**

PAYMENT 10% nonrefundable deposit Payment in full

If you are booking more than one month in advance, you may opt to pay a deposit to have your tickets held as a reservation, rather than paying in full now. The remaining balance will be due no later than one month prior to the date of the visit, at which point you may submit any desired changes to your order. You will receive an invoice for the remaining balance due as soon as your order is processed.

Payment method: Check (payable to "COFAM") Visa MasterCard AmEx

Card #: _____ - _____ - _____ - _____ Expires: _____ Total Charge: _____

Name on card: _____

GROUP DETAILS

Group name: _____

Shipping address:

Contact name: _____

Contact phone: _____

Contact email: _____

PLEASE NOTE: YOUR ORDER WILL BE CONFIRMED BY EMAIL AS SOON AS ORDER FORM HAS BEEN RECEIVED AND PROCESSED. TICKETS WILL BE SHIPPED VIA FEDEX TO ADDRESS PROVIDED. SUBMISSION OF THIS FORM DOES NOT GUARANTEE ADMISSION. **PAYMENT OF DEPOSIT, OR PAYMENT IN FULL, IS DUE WHEN ORDER IS PLACED; ORDER FORMS RECEIVED WITHOUT ANY FORM OF PAYMENT ATTACHED WILL BE DISREGARDED.**

DEPOSITS ARE NON-REFUNDABLE, AND ALL SALES ARE FINAL ONCE ORDER IS PAID IN FULL. TREAT TICKETS AS CASH; NO REFUNDS OR EXCHANGES OF ANY KIND ARE PERMITTED. PLEASE PLAN ACCORDINGLY.