

FINE ARTS MUSEUMS OF SAN FRANCISCO -- GROUP TICKET ORDER FORM

Teotihuacan: City of Water, City of Fire

September 30, 2017 - February 11, 2018 at the de Young

To purchase admission tickets for a group of **ten or more people**, please complete this order form and send with payment to:

Mail:
FAMSF Group Sales
50 Hagiwara Tea Garden Drive
San Francisco, CA 94118

Email:
groupsales@famsf.org
Fax:
(415) 750-2679

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

<u>Unit type</u>	<u># of units</u>	<u>x</u>	<u>Unit cost</u>	<u>=</u>	<u>Total</u>
Adult	_____	x	\$23.00	=	_____
Senior (ages 65+)	_____	x	\$20.00	=	_____
College (w/ valid ID)	_____	x	\$15.00	=	_____
Youth (ages 6-17)*	_____	x	\$13.00	=	_____
FAMSF Member**	_____	x	\$0.00	=	_____
Audio guide rental	_____	x	\$6.00	=	_____
Gift card	_____	x	\$	=	_____
Docent tour fee***	_____	x	\$150/docent	=	_____

(1 docent can accommodate up to 20 people)

* Children under 6 are free. School and other youth groups must book through the Education Department. Please call 415-750-7696 for details.

** All member names and membership numbers must be submitted with order.

***Private docent tours must be scheduled at least one month in advance and confirmed by the Group Sales department. A minimum purchase of 20 non-member tickets is required for all 9:00am tours. Please call 415-750-3620 for details.

Upgrade your ticket to include Klimt & Gods in Color (October 14 - January 7, 2017) at the Legion of Honor. Contact us for more details.

Subtotal: _____

Handling: \$10.00

Grand total: _____

Payment method:	<input type="checkbox"/> Payment in full	<input type="checkbox"/> 10% deposit	(balance is due 2 weeks before date of visit; invoice will be sent to you)
	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Credit card #:	_____ - _____ - _____ - _____
	<input type="checkbox"/> AmEx <input type="checkbox"/> Discover	Expiration date:	___ / ___ CVV security code: _____
	<input type="checkbox"/> Check payable to "COFAM" (please attach)	Cardholder's signature:	_____
		Name on card:	_____

Group name: _____ **Contact phone:** _____

Contact name: _____ **Contact email:** _____

Shipping address (no P.O. boxes): _____

OR pick up at Will Call _____

PLEASE NOTE: SUBMISSION OF THIS FORM DOES NOT GUARANTEE ADMISSION. YOUR ORDER WILL BE CONFIRMED BY EMAIL AS SOON AS ORDER FORM WITH PAYMENT HAS BEEN RECEIVED AND PROCESSED. BALANCE IS DUE 2 WEEKS BEFORE DATE OF VISIT; ORDER FORMS RECEIVED WITHOUT PAYMENT ATTACHED WILL BE DISREGARDED. YOUR TICKETS WILL EITHER BE SHIPPED VIA FEDEX TO ADDRESS PROVIDED OR HELD AT WILL CALL. ALL SALES ARE FINAL. TREAT TICKETS AS CASH; NO REFUNDS OR EXCHANGES PERMITTED. PLEASE PLAN ACCORDINGLY.