

SAN DIEGO MUSEUM OF ART

GROUP TICKET ORDER FORM

To purchase tickets, please complete and fax (619.232.9367) this form to the Group Sales Office. For check payments, please mail the order form and payment to: **Group Sales, P.O. Box 122107, San Diego, CA 92112-2107**. The listed prices reflect a special discount for groups of 15 or more.

Please note that tickets are good for entry on the date printed on the tickets. Tickets must be purchased at least 20 business days in advance and cannot be refunded. Exchanges may be accommodated with prior notice. We also ask that all food, drinks, large parcels, and backpacks be placed in baggage check.

Desired Date of Visit: _____ **Entry Time:** _____

<u>N° of Tickets</u>	<u>Ticket Type</u>	<u>Ticket Price</u>	<u>Totals</u>
_____	Adult	\$10	_____
_____	Senior (65+) / Military	\$7	_____
_____	College Student	\$6	_____
_____	Child (ages 6-17)	\$2.50	_____
Subtotal			_____
Handling Fee *			<u>\$3.00</u>
Grand Total			_____

Payment Type (check one): Visa MasterCard Discover Amex Check Payable to "SDMA" †

Card Number: _____ - _____ - _____ - _____ Expires: ____ / ____

Name on Card: _____

Billing Address: _____

Mailing Address (if different): _____

Contact Name: _____

Phone Number: _____

Group Name: _____

Fax Number: _____

Email Address (for tour confirmation): _____

Would you like a docent tour (30 days notice is required for tour). _____ (Please note: tour times for Tues-Sat 10am, 11am, 1pm & 2pm, Sun 1pm & 2pm, No tours offered on third Tuesday or first & third Friday of each month)

Comments: _____

* Handling fee applies for both shipped **and** will-call orders

† Please submit form via postal mail along with check if this option is selected

FOR INTERNAL USE ONLY:

ORDER FILLED BY: _____
 DATE: _____

ACCT/CONF #: _____
 DATE TICKETS MAILED: _____

Thank you for your interest in the San Diego Museum of Art. If we can be of any further assistance, please contact us at (619) 696-1935, or e-mail us at groupsales@sdmart.org.