GROUP SALES ORDER FORM



| MET ID OR MET MEMBERSHIP NUMBER (if applicable) | | | | | | | | | | | |
|--|---------------------------|---------------------------|-----------|---------------------------|---------------------------|---------------------------|---------------------------|-----------|---------------------------|---------------------------|--------------------|
| GROUP/ORGANIZATION NAME | | | | | | | | | | | |
| CONTACT LACT MANY | | | FIRST NA | 145 | | | | | | | |
| CONTACT: LAST NAME | | | FIRST NA | ME | | | | | | | |
| ADDRESS | | | | | | | | | | | |
| | | | | | | | | | | | |
| CITY | | | STATE | | C | OUNTRY | | ZIP | | | |
| COUNTRY CODE PHONE (DAY) | | | | | PI | HONE (EVENING |) | | | | |
| | | -11 | -1 1 | | | | | | | | |
| E-MAIL ADDRESS (Your privacy is extremely important to us. Und | er no circumstances | will your e- | -mail add | lress be mad | de available | to any third par | ty.) | | | | |
| | | | | | | | | | | | |
| OPERA | 1 st Choice | 1 st Choice | No. of | 1 st Choice | 1 st Choice | 2 nd Choice | 2 nd Choice | No. of | 2 nd Choice | 2 nd Choice | Sub-Total First |
| | Date | Price Cat. | seats | Section | Price | Date | Price Cat. | | Section | Price | Choice |
| | ☐ Mat | | | | | ☐ Mat ☐ Eve | | | | | |
| | ☐ Mat | | | | | ☐ Mat | | | | | |
| | □Mat | | | | | □ Mat | | | | | |
| | ☐ Eve | | | | | ☐ Eve | | | | | |
| | □ Eve | | | | | □ Eve | | | | | |
| | ☐ Mat ☐ Eve | | | | | ☐ Mat ☐ Eve | | | | | |
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| | □Mat | | | | | □ Mat | | | | | |
| | ☐ Eve | | | | | ☐ Eve | | | | | |
| | □ Eve | | | | | □ Eve | | | | | |
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| | | | | | | | O. OF TICKE | × \$2 | .50* FACIL | ITY FEE = | |
| | | | | | | IOIALN | IO. OF TICKE | 15 | | | |
| | | | | | | | | | T | OTAL = | |
| | | | | | | | | | | | |
| Call Metropolitan Opera Group Sa | ıles at | | □ Ple | ase charge | nv credi | t card for this | amount. | | | | |
| 212.501.3410 or fax your order to 21 | 2.721.4357 | | | _ | DISCOVER | ☐ MASTE | | □ vis | A 🗆 (| SIFT CARD | |
| today! Monday-Friday 10am-6pm | ЕТ | | 1 1 | 1 1 | | | 1 1 | 1 1 | 1 1 | 1 1 | 1 1 1 |
| Ficket delivery: | | | CREDIT | CARD OR GIF | T CARD NUM | 1BER | | 1 1 | | EXP. DATE | |
| Fickets will be mailed to the address indicated, or choose your particles. | | w: | NAME A | AS SHOWN ON | I CREDIT CAF | RD | | | | | |
| ☐ I wish to have the tickets mailed to the alternate address below | v. | | CARDHO | OLDER'S SIGN | IATURE (NO F | REFUNDS OR EXCH | HANGES) | | | | |
| | | - | | | | | | | | | |
| | | - 1 | BILLING | ADDRESS (IF | DIFFERENT F | FROM ABOVE) | | | | | |

 $[\]bigstar \ \mathsf{FACILITY} \ \mathsf{FEE: A} \ \mathsf{facility} \ \mathsf{fee} \ \mathsf{of} \ \$2.50 \ \mathsf{per} \ \mathsf{ticket} \ \mathsf{will} \ \mathsf{be} \ \mathsf{charged} \ \mathsf{for} \ \mathsf{the} \ \mathsf{ongoing} \ \mathsf{maintenance} \ \mathsf{of} \ \mathsf{the} \ \mathsf{Opera} \ \mathsf{House}.$