

**STAR WARS IN CONCERT**  
**IZOD CENTER • FRIDAY, NOVEMBER 20, 2009 @ 7:30PM**  
**GROUP SALES ORDER FORM – FAX 201-896-0590 – PHONE 201-460-4370**

Instructions: Form must be filled out completely and signed or order will not be accepted. Return via fax, mail or e-mail.

Show Day / Date: FRIDAY, NOVEMBER 20, 2009 Show Time: 7:30 PM

Contact Person: \_\_\_\_\_

Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

# of Tickets 20 +	Regular Ticket Price	Group Price Save \$5	Seating Level	Show Date & Time	Total Cost (# of tickets x price = cost)
	\$85	\$80	Floor & Lower Level	Friday, November 20 @ 7:30pm	
	\$59.50	\$54.50	Upper Level	Friday, November 20 @ 7:30pm	
	\$39.50	\$34.50	Upper Level	Friday, November 20 @ 7:30pm	
				Group Sales Fee	<b>\$10.00</b>
				Optional Parking Fee Bus \$30 or Van \$15	
				<b>TOTAL:</b>	

**\*\* ADA GROUPS MUST SPECIFY THE TYPE OF SEATING NEEDED\*\* # of WC \_\_\_ # of FC \_\_\_**

**Method of Payment:**

**Check:** Check #: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Personal/business checks will be accepted until November 2, 2009. Credit card, cash, certified check or money orders only after that time.  
PLEASE MAKE ALL CHECKS PAYABLE TO: NJSEA

**Credit Card:** MC / Amex / Visa Amount Paid: \$ \_\_\_\_\_  
Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Purchase Order:** PO #: \_\_\_\_\_ Amount of PO: \$ \_\_\_\_\_

**Group Ticket Guidelines**

To reserve group tickets, you must complete this form and return with full payment. The number of tickets purchased per event must be 20 or more to be eligible as a group ticket purchase. Seating is assigned on a best available first-come, first-served basis upon payment in full. Tickets are printed and mailed within four weeks of full payment. Tickets will not be mailed out after November 12, 2009. All order processed after that date must be picked up in person prior to the performance or you can provide a UPS or FED EX number. There are no full or partial refunds or full or partial exchanges on tickets purchased. **Tickets & seat locations are subject to availability. ALL SALES ARE FINAL.** ADA group information call 201-460-4370. Children 12 months and older needs a ticket for admission.

**X** \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization:** This signature and date authorizes credit card charge; accepts all group ticket guidelines; and accepts responsibility for payment in full on tickets purchased.

Office Use Only:

Account #: \_\_\_\_\_ Sales Manager: \_\_\_\_\_ Date/Time Received: \_\_\_\_\_

Location(s): \_\_\_\_\_

Notes: \_\_\_\_\_

**IZOD CENTER Group Sales, PO Box C-250, East Rutherford, NJ 07073**  
**Email: [groupsales@njsea.com](mailto:groupsales@njsea.com)**