

RICHARD NADER'S SUMMER DOOWOP REUNION XX1 • GROUP ORDER FORM
SATURDAY, JUNE 12, 2010 @ 7:00 PM

IZOD CENTER Group Sales, PO Box C-250, East Rutherford, NJ 07073

Phone: 201-460-4370 Fax: 201-896-0590 Email: groupsales@njsea.com

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

Show Day / Date: SATURDAY, JUNE 12, 2010 Show Time 7:00pm

Contact Person: _____

Group Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____ Fax: _____

Email: _____ *Please visit www.izodcenter.com for a list of acts and outdoor activities.*

“ORDERS ACCEPTED BEGINNING MONDAY, FEBRAURY 1, 2010 @ 11:00AM”

# of Tickets (10+)	Regular Ticket Price	Group Sales Ticket Price	Seating Level	Type of Discount	Total Cost (# of tickets x price = cost)
	@ \$53	\$53	Lower Level	Full Price	
	@ \$43	\$38	Lower Level	Group	
	@ \$31	\$26	Lower Level	Group	
				Group Sales Fee	\$10.00
				Optional Parking Fee Bus \$30 or Van \$20	
				Total	
ADA GROUPS MUST SPECIFY THE TYPE OF SEATING NEEDED # of WC _____ # of FC _____					

Method of Payment:

Check: (payable to NJSEA) Check #: _____ Amount Paid: \$ _____

Personal/business checks will be accepted until May 14, 2010. Credit card, cash, certified check or money orders only after that time.

Credit Card: MC / Amex / Visa Amount Paid: \$ _____

Card # _____ Exp. Date: _____

Purchase Order: PO #: _____ Amount of PO: \$ _____

Group Ticket Guidelines

To order group tickets, you must complete this form and return with full payment. The number of tickets purchased per event must be 10 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 three weeks of full payment. Tickets will not be mailed after June 4, 2010. All orders processed after that date must be picked up in person prior to the performance. Tickets can be mailed via UPS or FedEx upon request and receipt of valid account number or authorized credit card 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.

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): _____