

WWE PRESENTS "SMACKDOWN/ECW"
IZOD CENTER • TUESDAY, DECEMBER 29, 2009 @ 6:45 PM
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: December 29, 2009 Show Time: 6:45pm
 Contact Person: _____
 Group Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ E-Mail: _____
 Day Phone: _____ Night Phone: _____ Fax: _____

# of Tickets (15+)	Full Ticket Price	Discount Price	Seating Level	Valid Performances	Total Cost (# of tickets x price = cost)
Sold Out	\$63	\$58	Lower Level (Side)	December 29, 2009	
Sold Out	\$48	\$43	Lower Level (Corners, end zones)	December 29, 2009	
	\$33	\$28	Upper Level (Sidelines, corners)	December 29, 2009	
	\$23	\$18	Upper Level (Corners, end zones)	December 29, 2009	
				Group Sales Fee	\$10.00
				Optional Parking Fee Bus \$20 or Van \$15	
				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 December 1, 2009. 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 15 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 December 18, 2009. 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): _____
 Notes: _____

IZOD Center Group Sales, PO Box C-250, East Rutherford, NJ 07073
 Email: groupsales@njsea.com