

GROUP SALES ORDER FORM

The Metropolitan Opera
2012-13 Season

MET ID OR MET MEMBERSHIP NUMBER _____

GROUP/ORGANIZATION NAME _____

CONTACT: LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ COUNTRY _____ ZIP _____

COUNTRY CODE _____ PHONE (DAY) _____ PHONE (EVENING) _____

E-MAIL ADDRESS (Your privacy is extremely important to us. Under no circumstances will your e-mail address be made available to any third party.) _____

OPERA	1st Choice Date	1st Choice Price Cat.	No. of seats	1st Choice Section	1st Choice Price	2nd Choice Date	2nd Choice Price Cat.	No. of seats	2nd Choice Section	2nd Choice Price	Sub-Total First Choice
	<input type="checkbox"/> Mat <input type="checkbox"/> Eve					<input type="checkbox"/> Mat <input type="checkbox"/> Eve					
	<input type="checkbox"/> Mat <input type="checkbox"/> Eve					<input type="checkbox"/> Mat <input type="checkbox"/> Eve					
	<input type="checkbox"/> Mat <input type="checkbox"/> Eve					<input type="checkbox"/> Mat <input type="checkbox"/> Eve					
	<input type="checkbox"/> Mat <input type="checkbox"/> Eve					<input type="checkbox"/> Mat <input type="checkbox"/> Eve					
	<input type="checkbox"/> Mat <input type="checkbox"/> Eve					<input type="checkbox"/> Mat <input type="checkbox"/> Eve					
	<input type="checkbox"/> Mat <input type="checkbox"/> Eve					<input type="checkbox"/> Mat <input type="checkbox"/> Eve					
	<input type="checkbox"/> Mat <input type="checkbox"/> Eve					<input type="checkbox"/> Mat <input type="checkbox"/> Eve					

SUBTOTAL = _____

_____ x \$2.50* FACILITY FEE = _____

TOTAL NO. OF TICKETS

_____ x \$1.00 HANDLING CHARGE = _____

TOTAL NO. OF TICKETS

SUGGESTED CONTRIBUTION = \$150

TOTAL = _____

Call Metropolitan Opera Group Sales at
212.501.3410 or fax your order to 212.721.4357
today! Monday-Friday 10am-6pm ET

Ticket delivery:
Tickets will be mailed to the address indicated, or choose your preferred option below:

I prefer to pick up the tickets at the box office.

I wish to have the tickets mailed to the alternate address below:

Please charge my credit card for this amount: \$ _____

AMEX DISCOVER MASTERCARD VISA GIFT CARD

CREDIT CARD OR GIFT CARD NUMBER _____ EXP. DATE _____

NAME AS SHOWN ON CREDIT CARD

CARDHOLDER'S SIGNATURE (NO REFUNDS OR EXCHANGES)

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

* FACILITY FEE: A facility fee of \$2.50 per ticket will be charged for the ongoing maintenance of the Opera House.
 Occasionally, we make our supporters' names and addresses available to other companies. If you do not want us to share this information, check here.