



BOSTON POPS 2018 GROUP RATES
GROUP RESERVATION REQUEST
 PHONE (617) 638-9345 or (800) 933-4255 • FAX (617) 638-9447
PRIORITY DATE FOR FIRST SEATING: January 12th, 2018

For Office Use: O#: _____ D: Y N W R: _____
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Patron Number: (see address label on reverse side) _____
 Contact Name: _____
 Group Name: _____
 Street Address: _____
 City/Town: _____ State: _____ Zip: _____ Phone: _____
 Email Address: _____

Group name as you would like it to appear in the program book: _____

Please provide at least FOUR DATES in order of preference:

1st _____ 3rd _____
 2nd _____ 4th _____
 Comments: _____

Ticket Information (please circle price):

Minimum 20 seats. For additional orders, please copy order form.

Seat Location	Number of Seats		Regular Prices	Opening Night/Film Night	Balcony seating preference (please circle)
Floor		at	\$81	\$102	
Floor		at	\$61	\$81	
Floor		at	\$36	\$55	
First Balcony		at	\$55	\$70	Side Front Center
First Balcony		at	\$49	\$61	
Second Balcony		at	\$28	\$47	Side Front Center
Second Balcony		at	\$25	\$38	

TOTAL: _____

****Please note we will do our best to accommodate your requests but cannot guarantee seating area**

If members of your group require wheelchair accessible seating, please indicate the number of accessible seats needed _____

Deposit payment information:

- Please invoice me for \$200 **(use if you are e-mailing the form)** I have enclosed a check for \$200
- Please charge \$200 to my: Visa Discover MasterCard American Express

Card#: _____ Exp. Date: _____

Name (as it appears on card): _____

I would like: _____ promotional Pops posters _____ ticket envelopes

I plan to reserve the following function room(s): Higginson North Higginson South Miller Other

For a: Pre-concert Reception Post-concert Reception

**Please confirm your function room with the Event Services Office at (617) 638-9242, after receiving your ticket contract.*