

PORTLAND OPERA

FAX or MAIL ORDER FORM for groups of 10 or more

Group Name _____ Contact _____

Phone (Day) _____ (Eve.) _____ Email-

Mailing
Address _____

City _____ State _____ Zip _____

Please select your choice of Opera, date, time and seating areas for each performance. If needed, make duplicate copies of this order form to accommodate additional reservations.

Opera: _____ Date: _____ Time: _____

<u>Seating Area</u>	<u># Tickets</u>	<u>Price Ea.</u>	<u>Total \$</u>
Center Box	_____ X	\$ _____	= \$ _____
Platinum Circle	_____ X	\$ _____	= \$ _____
Orchestra Premier	_____ X	\$ _____	= \$ _____
1 st Balcony Premier	_____ X	\$ _____	= \$ _____
1 st Balcony Side	_____ X	\$ _____	= \$ _____
Orchestra Rear	_____ X	\$ _____	= \$ _____
Orchestra Front	_____ X	\$ _____	= \$ _____
Side Box/Loge	_____ X	\$ _____	= \$ _____
Orchestra Side	_____ X	\$ _____	= \$ _____
2 nd Balcony	_____ X	\$ _____	= \$ _____
Super Saver	_____ X	\$ _____	= \$ _____
Totals: # Tickets:	_____	\$	_____

Special Seating Needs: _____

*Seating availability will be confirmed upon receipt of order.

*Full payments accepted.

*25% non-refundable deposit due within two weeks of placing order.

*Full payment due no later than 4 weeks prior to performance.

VISA/AMX/MC # _____ EXP Date: _____

CHECK # _____ MONEY ORDER # _____

Check or money order payable to: **Portland Opera**

MAIL TO: Portland Opera, Attn: Group Sales, 211 SE Caruthers St. Portland, Or. 97214.

FAX TO: 503-241-4212