

Performance Details

Show _____

Date _____ Time _____

Seating Area _____

Ticket Price	X	# of Tickets	+	Processing Fee <small>(add \$15 for orders 10 or more tickets)</small>	=	Total Due
\$				\$		\$

Account & Payment Information

Name _____

Company/Organization _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

American Express MasterCard VISA Discover

Card # _____

Expiration _____ Security Code _____

Name on Card _____

Authorized Signature _____

Submit Your Order

Email completed form to groups@attpac.org. A Group Sales representative will contact you within the next 48 hours to confirm your order. For more information, call 214-978-2879 or visit www.attpac.org/groups