



EVENT CENTER TICKET ORDER FORM

Contact Information:

NAME: _____ STUDENT ID#: _____
 ADDRESS: _____ PHONE: _____
 CITY: _____ FAX: _____
 STATE: _____ ZIP: _____ EMAIL: _____

Event & Ticket Information:

EVENT NAME: COE Fall 2017 Convocation EVENT DATE: December 21, 2017 at 1:00 PM
 TICKET QTY: _____ PRICE: \$10.00 Adult
\$2.00 Child (Ages 2-12) SUBTOTAL: _____
 PROCESSING FEE: \$4.00
 GRAND TOTAL: _____

Delivery Method: Will Call Regular Mail (order must be received 7 days before event)

Method of Payment: Visa Mastercard Discover

NAME ON CARD: _____
 CARD NUMBER: _____ EXP DATE: _____
 SIGNATURE: _____ DATE: _____

Please fax completed form to (408) 924-6395
 or email to ec-box-ofc-group@sjsu.edu

All orders will be processed upon receipt. All sales are final. No refunds or exchanges.
 Seat assignments will be made on a first come, first served basis. Ticket availability is not guaranteed.

Box Office - Event Center at San Jose State University
 290 S. 7th Street San Jose, CA 95192-0201 (408) 924-6333

Internal Use Only

Date Rec'd: _____ Acct #: _____ Section: N/A Row: N/A Seat #: N/A