

Your reservation is not confirmed until the Group Visits office has contacted you.

Group Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Visit Date: \_\_\_\_\_ Visit Time: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?:  Letter  E-mail  Other \_\_\_\_\_

ADMISSION FEES				
CATEGORY	# OF PEOPLE		FEE	SUBTOTAL
Adult		X	\$13	
Seniors		X	\$9	
Youths age 13-17/College		X	\$9	
Thursday Night after 5pm (Mar-Oct)		X	\$10	
Members/Children 12 & under		X	FREE	
<b>TOTAL # OF PEOPLE:</b>			<b>*Admission Fee Subtotal:</b>	

TIME OF TOUR REQUESTED: \_\_\_\_\_

DOCENT FEES			
# OF PEOPLE		FEE	SUBTOTAL
For 1-20 total participants	+	\$100	
For 21-40 total participants	+	\$200	
		<b>*TOUR FEE SUBTOTAL:</b>	
		<b>Total (Admission + Tour):</b>	

ADDITIONAL NEEDS (PLEASE SPECIFY ANY OTHER NEEDS YOUR GROUP MAY HAVE):

Wheelchair use  Sign-Language  Other \_\_\_\_\_

FOR CREDIT CARD ORDERS, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Visa  Mastercard  American Express  Discover

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVN Code: \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

\*Please note: All fees are non-refundable.

Check should be made payable to the Asian Art Museum. Please return this form to:

**Group Visits, Visitor Services, Asian Art Museum, 200 Larkin Street, San Francisco, CA 94102**

• E-mail: [groupvisits@asianart.org](mailto:groupvisits@asianart.org) • Questions? 415-581-3624