



**FLOWER POWER SPECIAL EXHIBITION
GROUP VISIT RESERVATION REQUEST FORM
June 23–October 1, 2017**

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	\$18 weekday, \$23 weekend	
Seniors		X	\$14 weekday, \$19 weekend	
Youths age 13-17/College		X	\$14 weekday, \$19 weekend	
Thursday Night after 5pm (Mar–Oct)		X	\$15	
Members/Children 12 & under		X	FREE	
TOTAL # OF PEOPLE:			*Admission Fee Subtotal:	

TIME OF TOUR REQUESTED: _____

DOCENT FEES			
# OF PEOPLE		FEE	SUBTOTAL
For 1–20 total participants	+	\$125	
For 21–40 total participants	+	\$250	
		*TOURFEE SUBTOTAL:	
		Total (Admission + Tour):	

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 • Questions? 415-581-3620