



ORGANIZE YOUR GROUP TODAY AND

SAVE \$\$\$

HERE'S HOW TO PURCHASE YOUR GROUP TICKETS

Groups Of 15 or More Can Purchase Tickets for Just \$7.00 per Person!

Please identify which market you will be attending

New York- September 30, 2017

Los Angeles- February 10, 2018

Houston - October 28, 2017

Oakland - February 17, 2018

Atlanta - February 03, 2018

DC/Maryland - March 03, 2018

A Group Registration Form MUST be completed for ALL Transactions

Contact Person _____ Date: _____

Contact Person's Cell Phone _____

Contact Person's Email _____

Name of Organization _____

Organizations Mailing Address _____

Street _____

City _____ State _____ Zip Code _____

Name of person picking up tickets _____ Cell number _____

Quantity: _____ Total Due \$ _____ PO# _____

PAYMENT BY CREDIT CARD

a) Feel free to fill out the information here and submit directly to us. A receipt will be emailed to you.

b) To pay by phone, call 877-427-4100 during normal business hours (9:30 a.m. – 5:00 p.m., PST). We accept credit card payments by phone up to 48 hours prior to the expo. If you select this payment option, there is a credit card processing fee of \$0.80 per transaction. For example, if you purchase 15 tickets @ \$7.00, the total cost will be \$105.80. Your receipt will be sent by e-mail.

ONLINE PURCHASE

To purchase tickets online, go to www.thecollegeexpo.org. After you select the appropriate expo city and quantity, be sure to enter the name of your organization, contact information, and the name of the person picking up the tickets (not necessarily the name of the credit cardholder). After you complete your purchase, you will receive an e-mail confirmation which will serve as your receipt.

Children 11 and under are FREE with a paid adult.

Bring your receipt and Group Registration Form to "Group Registration Check-In" the day of the expo to retrieve your tickets. Remember, all ticket sales are final – no refunds.

If your group is coming by bus, there may be additional parking fees required by the venue, please call our office 877-427-4100 for details.

Check Enclosed: check amount _____ check # _____

VISA

MasterCard

AMEX

DISC

Print Name as it appears on credit card _____

Acct # _____ Exp.Date ____/____/____

Sec. Code _____

Billing Address _____

City _____ State _____ Zip Code _____

Email _____

Phone _____

Signature _____

Please Print Name _____



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SUBMIT