



# Halloween Horror Nights XV Internet Group Ticket Order Form

PLEASE DO NOT WRITE IN THIS BOX,  
ORDER ENTRY ONLY  
CLIENT # \_\_\_\_\_  
CONFIRMATION # \_\_\_\_\_  
ORDER AMOUNT \$ \_\_\_\_\_  
LEVEL \_\_\_\_\_ RES. AGENT \_\_\_\_\_

Prices are valid for Halloween Horror Nights XV

Business/Corporation

Youth/College

Organization Name: \_\_\_\_\_ Pick-up Date: \_\_\_\_\_  
Organization Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## HALLOWEEN HORROR NIGHTS XV PASSES

<u>Halloween Horror Nights XV Sun-Thurs Nights</u>	Quantity	Total
October 9, 12, 13, 16, 20, 23, 27, 30, and 31	_____	\$ _____
<u>Halloween Horror Nights XV Friday Nights</u>		
September 30, October 7, 14, 21, 28	_____	\$ _____
<u>Halloween Horror Nights XV Saturday Nights</u>		
October 1, 8, 15, 22, 29	_____	\$ _____
<b>TOTALS</b>		\$ _____

### Universal Studios and Islands of Adventure Day Tickets Available

Corporations please call (407) 224-4444 X2  
All other groups please call 1-800-YOUTH-15

To have your tickets mailed to you, please send payment to:

Universal Orlando - HHN  
1000 Universal Studios Plaza  
Orlando, FL 32819

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

## HALLOWEEN HORROR NIGHTS XV EVENT DETAILS

- Advance reservations are required. A minimum of one week for pick-up orders and 2 weeks for prepaid mail-out orders is required.
- It is strongly recommended that you have your tickets mailed to you. **Tickets are only available for pick-up 8 a.m. to 4 p.m. daily.**
- Parental discretion advised. This event may be too intense for young children.
- Rates apply to groups of 15 or more.
- Halloween Horror Nights takes place rain or shine.
- Tickets are date specific and nonrefundable.
- Parking fees must be paid in cash upon arrival. Parking fees are \$11.00 per bus and \$9.00 per car.

### **PASS PICK-UP OR DELIVERY** (Please check option)

**PICK-UP** LOCATION: \_\_\_\_\_ USF or \_\_\_\_\_ IOA (Group sales pick-up hours of operation are 8 a.m. to 4 p.m. daily)

Name of person picking up passes \_\_\_\_\_

If paying by credit card, please indicate Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on Credit Card \_\_\_\_\_ Signature of Card Holder \_\_\_\_\_

**AIRBORNE/UPS DELIVERY** (available for orders prepaid 2 weeks prior to visit requested date)

# Please fax completed form to (407) 224-3346