

**ISABELLA  
STEWART GARDNER  
MUSEUM**

## 2015-16 UNIVERSITY MEMBER GROUP REGISTRATION

REQUESTED DATE OF VISIT: _____	TOTAL NUMBER OF VISITORS: _____
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GROUP WILL ARRIVE BY (check one):     Bus     Public Transportation     Individually

UNIVERSITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF PERSON COMPLETING THIS FORM: \_\_\_\_\_

<b>REQUESTED ARRIVAL TIME</b>			
<input type="checkbox"/> 11:30	<input type="checkbox"/> 12:45	<input type="checkbox"/> 2:15	<input type="checkbox"/> 3:30

HAVE YOU SCHEDULED A GROUP TOUR AT THE GARDNER BEFORE? \_\_\_\_\_

SPECIAL NEEDS/REQUESTS: \_\_\_\_\_

**Please note: Self-guided visits are only available for groups of less than 30.**

**All groups of 10 or more must register in advance.**

FEE <i>(includes admission and guided tour)</i>	NUMBER	COST	TOTAL
College Students		FREE	FREE
Professor(s)		FREE	FREE
		<b>TOTAL</b>	FREE

**This form MUST be returned to reserve your tour.**

Please return at least four weeks in advance of requested visit date.

**MAIL:** Tour Manager, Isabella Stewart Gardner Museum, 25 Evans Way, Boston, MA 02115

**PHONE:** 617 278 5147    **EMAIL:** [tours@isgm.org](mailto:tours@isgm.org)