

Group Sales Seat Recommendation Form

Please note: The recommendation form is only used as a guideline when filling your order. The orders are filled on a first come first serve basis and the information provided will be used as a guideline when filling orders. Please keep in mind; group seating changes from event to event and year to year.

Please fill out this form with as much details as possible. We will do our best to obtain locations that you will be happy with. Ordering early will help assign the seats you want. Visit www.izodcenter.com/groupsales to view a seating chart for your event. Thank you.

Preferred viewing: Side view _____ Straight on view _____
(Check one)

Level preference: Lower level _____ Upper level _____
(Check one)

Section request: 1st choice _____ 2nd choice _____
(Fill in) 3rd choice _____ 4th choice _____

Wish to be seated near: (check all applicable)

Concourse _____
(Food, merchandise, restroom areas)

Aisle seating _____

Lower Rows _____

Upper Rows _____

Notes: _____

