

VISTOR SERVICES AND TOURISM GROUP VISITOR SAVINGS PASS ORDER FORM

Our group would like to receive Macy's Visitor Savings Passes for our upcoming group visit. We will be traveling more than 250 miles to visit your store or will be attending a meeting or convention.

| A B O U T Y O U R G R O U P V I S I T What city will you be traveling to? | | | |
|---|-------------------------|----------------------------|-------------------------------------|
| ☐ Chicago | | □Philadelphia | □San Francisco |
| _ | | · | |
| ∐Other: | | | |
| What is the primary purpose of your travel? | | | |
| ☐ City Visit | \square Shopping Tour | \square Attending an eve | ent/performance |
| ☐ Holiday Shopping ☐ Other: | | | |
| Group Name: | | | |
| Contact Name: | | | |
| Contact Phone number:Contact email: | | | |
| Visit Date(s): | | | |
| Will your group be staying in a hotel in your city? \square YES \square NO If yes, at which hotel you will be staying: $_$ | | | |
| Will your group be visiting the store as a group or on their own while in the city? | | | |
| \square As a group on \square On their own during free time on | | | |
| RECEIVING YOUR MACY'S VISITOR SAVINGS PASSES When would you like to receive your passes? Number of Savings Passes Requested for group: How would you like to receive your passes? | | | |
| \square At our local hotel | (above) | old at the store | \square At the following address: |
| STREET_ NOTE: Please do not use a PO Box addr | CITY/ | STATE | |
| Please return this form via fax to: | | | |
| ☐ New York 212.494.2118 | B □ Philade | lphia 646.429.5020 | ☐ Chicago 312.781.5407 |
| ☐ San Francisco 415.984.7946 ☐ Other Cities 415.984.7946 | | | |