



Evening in the Maritimes Ticket Order Form

Yes, I'm buying tickets to Evening in the Maritimes 2010! Put my name on the list to join you at the Hilton Lac Leamy on Thursday, May 27, 2010.

Dr. M. Miss Mlle. Mme. Mr. Mrs. Ms. Other: _____
 Contact name : _____
 Company name : _____
 Mailing address : _____
 City: _____ Prov : _____ Postal code : _____
 Telephone : (____) _____ Fax : (____) _____
 Email : _____

	Quantity & Price	Total
<input type="checkbox"/> I am purchasing general admission tickets to Evening in the Maritimes	# _____ x \$150	
<input type="checkbox"/> I am purchasing one or more Corporate Tables of 10 to Evening in the Maritimes	# _____ x \$1750	
	Total: \$	

Invoice: please send us an invoice for these tickets
 Cheque: enclosed
 Charge: VISA Master Card American Express
 Credit Card # _____ Exp. Date ____/____/____
 Name: _____ (Please print your name as it appears on the card).
 Signature _____

Receipt

Please issue a (choose one): General receipt for the purchase price
 Charitable Income Tax Receipt for the donation portion of the purchase price
 (only available for general admission tickets)

Registration

Return this completed confirmation by fax to 613-761-9525, or mail to: Citizen Advocacy, 312 Parkdale Ave, Ottawa, ON, K1Y 4X5. You may also email your registration information to events@citizenadvocacy.org, or call Lesley Hoyles at 613-761-9522 ext 240.

Privacy Statement: We do not sell, trade or otherwise share our mailing lists. The information you provide will be used to deliver services and/or to keep you informed and up-to-date on the activities of Citizen Advocacy, including programs, services, special events, funding needs, opportunities to volunteer or to give, and more through periodic contacts. If at any time you wish to be removed from this or another mailing, simply contact us at 613-761-9522 or via email at info@citizenadvocacy.org. Please allow 15 business days for us to update our records.

EVENING IN THE MARITIMES

IN SUPPORT OF CITIZEN ADVOCACY

To ensure you have the appropriate meal and seating requirements, please complete an Attendee Information form for each guest and fax to 613-761-9525 or mail to

Citizen Advocacy of Ottawa
312 Parkdale Ave
Ottawa ON K1Y 4X5.

Attendee

Dr. M. Miss Mlle. Mme. Mr. Mrs. Ms. Other: _____

Contact name: _____

Company name: _____

Mailing address: _____

City: _____ Prov: _____ Postal code: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

I am a guest of (Business name) _____

Menu preference Shiver me timbers, lobster for me! Land-lubber (Beef) Vegetarian

For seating requirements please indicate your type of mobility aid, dietary requirements or other needs:

Attendee

Dr. M. Miss Mlle. Mme. Mr. Mrs. Ms. Other: _____

Contact name: _____

Company name: _____

Mailing address: _____

City: _____ Prov: _____ Postal code: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

I am a guest of (Business name) _____

Menu preference Shiver me timbers, lobster for me! Land-lubber (Beef) Vegetarian

For seating requirements please indicate your type of mobility aid, dietary requirements or other needs:

Privacy Statement:

Citizen Advocacy of Ottawa is a registered charitable organization. We do not sell, trade or otherwise share our mailing lists. The information you provide will be used to deliver services and/or to keep you informed and up-to-date on the activities of Citizen Advocacy, including programs, services, special events, funding needs, opportunities to volunteer or to give, and more through periodic contacts. If at any time you wish to be removed from this or another mailing, simply contact us by phone at 613-761-9522 or via email at info@citizenadvocacy.org. Please allow 15 business days for us to update our records.

Please photocopy or print-off additional pages as required

THE EVENING IN THE MARITIMES

IN SUPPORT OF CITIZEN ADVOCACY

To ensure you have the appropriate meal and seating requirements, please complete an Attendee Information form for each guest and fax to 613-761-9525 or mail to

Citizen Advocacy of Ottawa
312 Parkdale Ave
Ottawa ON K1Y 4X5.

Attendee

Dr. M. Miss Mlle. Mme. Mr. Mrs. Ms. Other: _____

Contact name: _____

Company name: _____

Mailing address: _____

City: _____ Prov: _____ Postal code: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

I am a guest of (Business name) _____

Menu preference Shiver me timbers, lobster for me! Land-lubber (Beef) Vegetarian

For seating requirements please indicate your type of mobility aid, dietary requirements or other needs:

Attendee

Dr. M. Miss Mlle. Mme. Mr. Mrs. Ms. Other: _____

Contact name: _____

Company name: _____

Mailing address: _____

City: _____ Prov: _____ Postal code: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

I am a guest of (Business name) _____

Menu preference Shiver me timbers, lobster for me! Land-lubber (Beef) Vegetarian

For seating requirements please indicate your type of mobility aid, dietary requirements or other needs:

Privacy Statement:

Citizen Advocacy of Ottawa is a registered charitable organization. We do not sell, trade or otherwise share our mailing lists. The information you provide will be used to deliver services and/or to keep you informed and up-to-date on the activities of Citizen Advocacy, including programs, services, special events, funding needs, opportunities to volunteer or to give, and more through periodic contacts. If at any time you wish to be removed from this or another mailing, simply contact us by phone at 613-761-9522 or via email at info@citizenadvocacy.org. Please allow 15 business days for us to update our records.

Please photocopy or print-off additional pages as required