



Return completed form by May 7th
mjason@citizenadvocacy.org
 312 Parkdale Ave, Ottawa, ON K1Y 4X5
 613-761-9525 (fax)

2019 Attendee Information Form

Contact Name: _____

Organization/Company: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____

Email(s): _____ Twitter: @_____

Guest Information

Meal Preference

Accessibility Requirements

Describe below or contact
 Mikhela Jason 613-761-9522 ext. 240 to
 ensure your requirements are met.

Name	Lobster	Beef	Vegetarian	Vegan	
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
TOTALS:	___	___	___	___	

PLEASE NOTE: Unless otherwise noted by May 7th we will assume that everyone would like a lobster meal.

Changes to the meal choice cannot be made onsite at the event

Allergies (please list any allergies and the corresponding guest number):