



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

2019 TICKET ORDER FORM

Contact Name: _____

Organization/Company: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

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

Email(s): _____ Twitter: @ _____

	Quantity	Price	Total
I am purchasing tickets for Evening in the Maritimes	x	\$185	_____
I am purchasing one or more 25th Anniversary VIP Circle tables for 10	x	\$2500	_____
I am purchasing one or more corporate tables for 10	x		_____
Sponsor 10 individuals living with a disability who may otherwise not be able to attend (a tax receipt will be provided)	x	\$1850	_____
Sponsor one or more individuals living with a disability who may otherwise not be able to attend (a tax receipt will be provided)	_____ x	\$185	_____
		TOTAL:	_____

PAYMENT INFORMATION

Please send us an invoice

Cheque enclosed (payable to Citizen Advocacy Ottawa)

VISA

Master Card

American Express

Expiry Date: ____ / ____

Name on card: _____

Signature: _____