



Registrant Information.....

Company	_____	Title	_____
Contact Name	_____	City	_____
Mailing Address	_____	Phone No.	_____
Postal Code	_____	Email	_____

Guest Information.....

	Guest Name	Email Address	Dietary Restrictions
Guest #1			
Guest #2			
Guest #3			
Guest #4			
Guest #5			
Guest #6			
Guest #7			
Guest #8			

If you have more than one table, please include a second sheet with the guest information for the additional table(s).

Silent Auction Sponsor.....

\$250	\$500	\$750	\$1000	Other	_____
-------	-------	-------	--------	-------	-------

Payment Information

		Cash	Cheque	Visa	Mastercard	Invoice
Table Registration	\$2,000	Card Number	_____			
Attendance to event for 8 guests		Cardholder Name	_____			
		Expiry Date	_____			
Individual Registration	\$275	CVS	_____			
Attendance to event for 1 guest		Total Amount	_____			
		Payment Note	_____			
		Signature	_____			