



CORPORATE TICKET ORDER FORM

Office:						
Agent's Name:						
Address:						
):	
Tel:		F	-ax:			
Email:						
Number of tickets	needed (maximun	n 200):				
<u>*No</u>	ote that tickets are	e limited and	only avail	able while	<u>quantities</u>	<u>last!</u>
Please mail address abo	my tickets to	I will p	oick up my s		I will ser	nd a courier for my
	1847 W Broad	lway - Suite 2	12 Vancou	ıver, BC V	6J 1Y6	
Please complete	e the credit card	informatio	n below to	o completo	e vour orde	er·
-	ard:			-	•	
	ature:				•	
					_	
	vill automatically be d demption) to be chai	U	•			•
Please complet	e the form and sei	nd back to us	no later	than 5pm	October 1	<u>3th, 2017</u> via:
FAX:	604-639-2289	or	EMAIL:	: <u>vancouve</u>	er@mpeshov	<u>ws.com</u>
	Questions? Cor	ntact Zoe Wa	tters at 604	4-639-2288	ext. 225	
GST # 85720089 For Internal Use:	3RT Starting Ticket #	¥:		Ending	Ticket #:	