



R30 GALA REGISTRATION FORM

RBC CONVENTION CENTRE WINNIPEG
APRIL 21, 2018



SELECT TICKETS:

QUANTITY	PRICE	TICKET TYPE
	\$250.00 CAD	INDIVIDUAL
	\$2500.00 CAD	TABLE OF 10

CONTACT DETAILS:

COMPANY NAME / AFFILIATION:

FIRST NAME:

LAST NAME:

ADDRESS:

APT, SUITE, BLDG:

CITY:

PROVINCE/STATE:

POSTAL CODE/ZIP:

COUNTRY:

PHONE:

MOBILE PHONE:

FAX:

EMAIL:

GUEST'S NAMES:

DO YOU OR ANY OF YOUR GUESTS HAVE DIETARY RESTRICTIONS OR ALLERGIES?

PAYMENT OPTIONS:

PLEASE SELECT YOUR PREFERRED CHOICE OF PAYMENT:

<input type="checkbox"/>	PLEASE INVOICE (INVOICE WILL BE MAILED TO YOUR CONTACT DETAILS.)
<input type="checkbox"/>	CHEQUE OR MONEY ORDER PAYABLE TO: ST. BONIFACE HOSPITAL
<input type="checkbox"/>	WILL CALL CREDIT CARD INFORMATION TO: +1 (204) 235-3003
<input type="checkbox"/>	WILL FAX CREDIT CARD INFORMATION TO: +1 (204) 235-0793

NOTE: YOU WILL **NOT** RECEIVE A CHARITABLE RECEIPT.

