



RE/MAX Office: _						_
Agent's Name:						-
Address:						_
City:		Prov:	Postal	Code: _		
Tel:		F	ax:			_
Email:						_
Number of tickets	needed (maximu	m 200):				_
<u>*No</u>	te that tickets ar	e limited and	only available	while qu	antities last!	
Please mail address abo	my tickets to	I will o	come pick up my s	′ 🔲	I will send a courier to Tickets	or my
	1847 W Broad	dway - Suite 2	12 Vancouver, E	BC V6J	1Y6	
Please complete	e the credit card	l informatio	n below to con	nplete v	our order:	
Name on Credit C						
					Exp:	
Cardholder's Signa	ature:					
Order Date:						
	vill automatically be demption) to be ch	•	•	•	he remaining balance (b h, including tax.	ased
Please complet	te the form and se	end back to u	s <u>no later than</u>	<u>5pm O</u>	ctober 13 th , 2017 vi	a:
FAX: 6	604-639-2289	or	EMAIL: van	icouver@	mpeshows.com	
	Questions? Co	ntact Zoe Wa	tters at 604-639	-2288 ex	rt. 225	
GST # 857200893 For Internal Use:		#:		Ending Tic	ket #:	