

## 2015 Celebration of Excellence **TICKET RESERVATION FORM**

Thursday, October 29, 2015 Cascades Casino Resort Ballroom

Company Nan	ne:	
Contact:		
Address:		
City:		
Postal Code:		
Telephone:		
Email:		
I am a Nominee:	Yes	Accepting the nomination on our behalf will be:
	No	
I would like to purchase		tickets. (\$80.00 +GST)
Book a Table	of 8 and get a cus	tomized corporate table sign!
Please notify the (	Chamber office of any sp	pecial dietary needs before Thursday, October 22, 2015.
	I would like to pay	by credit card
Card Number	er:	
Expiry Date	::	celebration of
\$ Amount:		EXCELLENCE
Signature:		
Date:		