



CORPORATE MEMBERSHIP

Company Name _____
 Name to appear on our web site (Fr.) _____
 Name to appear on our web site (Eng.) _____
 Address _____ City _____
 Province _____ Postal code _____ Phone _____ Fax _____
 CEO's name _____

Representative _____
 Title _____
 Phone _____ Fax _____
 E-mail _____

Reservation contact _____
 Title _____
 Phone _____ Fax _____
 E-mail _____

Categories	Cost	GST	QST	TOTAL
<input type="checkbox"/> MAJOR 120 tickets	7 200.00 \$	+ 360.00 \$	+ 718.20 \$ =	8 278.20 \$
<input type="checkbox"/> ASSOCIATE 80 tickets	5 200.00 \$	+ 260.00 \$	+ 518.70 \$ =	5 978.70 \$
<input type="checkbox"/> AFFILIATE 50 tickets	3 650.00 \$	+ 182.50 \$	+ 364.09 \$ =	4 196.59 \$
<input type="checkbox"/> We would like to donate tickets for Montreal universities' students				

Method of payment

Please invoice me

Credit card VISA MasterCard

Card number _____

Expiry date _____

Cardholder _____

Signature _____