



ADMIT ONE PASSES

Email or fax this form with credit card information by March 17, 2023
by email: accounting@mpltd.ca

Company Name: _____

Contact Name: _____

Address: _____ City: _____

Prov/State: _____ Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____

Number of Tickets Required: _____ @ \$3.00 (Regular price \$6.00) = \$ _____

Method of Payment

Visa _____ MasterCard _____ AMEX _____

Card Number: _____

Expiry Date: _____

Card Holder: _____

Signature: _____

Please email the completed form to: accounting@mpltd.ca

**WE WILL MAIL YOUR PASSES UP TO MARCH 17, 2023
AFTER THAT YOU MUST PICK THEM UP AT THE SHOW OFFICE**