



ADMIT ONE PASSES

Email or Fax this form with credit card information by March 2nd, 2023, to:
Fax: (506) 658-0750 or Email: accounting@mpltd.ca

Company Name: _____

Contact Name: _____

Address: _____ City: _____

Prov/State: _____ Postal Code: _____

Phone: _____

E-mail: _____

Number of Tickets Required: _____ @ \$8.00 = \$ _____

Method of Payment

Visa _____ MasterCard _____ AMEX _____

Card Number: _____

Expiry Date: _____

Card Holder: _____

Signature: _____

Please fax this form to (506) 658-0750 or email accounting@mpltd.ca

YOU MUST PICK YOUR PASSES UP AT THE SHOW OFFICE ON SITE