



<b>ADMIT ONE PASSES</b>
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Email this form with credit card information by March 1<sup>st</sup>, 2024, to:  
Email: [accounting@mpltd.ca](mailto: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 email this form to [accounting@mpltd.ca](mailto:accounting@mpltd.ca)

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