

Ticket Order Form

Dr. M. Miss Mlle. Mme. Mr. Mrs. Ms. (select one) Other: _____

Contact Name: _____

Agency or Company: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____

Email: _____ Twitter: @ _____

	Quantity		Price	Total
<input type="checkbox"/> I am purchasing tickets for the Awards Dinner (before November 1st, 2018)	_____	x	\$70	_____
<input type="checkbox"/> I am purchasing tickets for the Awards Dinner (after November 1st, 2018)	_____	x	\$75	_____
<input type="checkbox"/> I am purchasing one or more corporate tables for 8 people	_____	x	\$550	_____
<input type="checkbox"/> Sponsor 8 members of the disability community who may otherwise not be able to attend (a tax receipt will be provided)	_____	x	\$550	_____
<input type="checkbox"/> Sponsor an individual of the disability community who may otherwise not be able to attend (a tax receipt will be provided)	_____	x	\$75	_____
TOTAL:				_____

Payment Information

Please send us an invoice Cheque enclosed (payable to Citizen Advocacy Ottawa)

VISA

Master Card

American Express

Expiry Date: _____ / _____

Name on card: _____

Signature: _____

How did you hear about Celebration of People?

Postcard Email Ottawa Citizen Social Media Committee Member Past involvement

Other: _____



c/o CITIZEN ADVOCACY OF OTTAWA

1 Community Place
312 Parkdale Avenue
Ottawa, ON K1Y 4X5

info@celebrationofpeople.com
www.celebrationofpeople.com
Tel: 613.761.9796
Fax: 613.761.9525
TTY: 613.725.6175

Attendee Information

We strive to make Celebration of People as accessible as possible for everyone. By completing this form, you will help to ensure that all of our guests enjoy a positive and inclusive experience. Please complete this form and fax to 613-761-9525 or scan and email to info@celebrationofpeople.com.
To communicate any accessible requirements personally, please contact:
Nadine Pilon, Administrative Assistant 613-761-9522 x 221

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Email: _____ Twitter: @ _____

Guest Information

Meal Requirements

Accessibility Requirements

Name	Vegetarian	Pureed	Minced	Wheelchair Walker etc.	Service Animal	CC	ASL LSQ
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTALS: _____

PLEASE NOTE: unless specified, it will be assumed that guests will be having chicken.

Allergies (please list any allergies and the corresponding guest number):