



| Name: | | | |
|--------------------|-----------------------|--------------------|--|
| | | | |
| City: | | Prov: | Postal Code: |
| Tel: | | F: | ax: |
| Email: | | | |
| Please opt n | me in to receive info | rmation from | the Winnipeg Home Shows |
| Number of tickets | needed (maximun | n 200): | |
| | *Note tickets ar | <u>e limited a</u> | nd only available while quantities last! |
| Ticket orders to | be picked up at | : | |
| WinnipegREA | ALTORS® Offic | ce | |
| 1240 Portage Ave | | | |
| Winnipeg, MB R3 | G 0T6 | | |
| Please complete | e the credit card | informatio | on below to complete your order: |
| Name on Credit C | ard: | | |
| Credit Card #: | | | Exp: |
| Cardholder's Signa | ature: | | |
| Order Date: | | | |
| | | | for six tickets (\$48 total), with the remaining balance the show. Tickets are \$8 each, including tax. |
| Please comple | te the form and se | end back to | us <u>no later than 5pm March 30th, 2018</u> via: |
| FAX: 6 | 604-639-2289 | or | EMAIL : <u>vancouver@mpeshows.com</u> |
| | Questions? Cor | ntact Zoe W | atters at 604-639-2288 ext. 225 |
| For Internal Use: | Starting Ticket #: | | |