Name of Your Organization:			
Name of Purchaser:			
NAME TO APPEAR ON RESERVATION:			
Address:			
City:		Postal Code:	
Day Phone: _		Alternate Phone:	
Email Address	5:		
Option A:	Number of seats:	@ \$50.00 ea. = \$	
Option B:	Table of ten seats:	@ \$500.00 ea. = \$	
Option C:		(s) for low-income seniors to attend. Tax donation receipt: □ YES □ NO	
	Number of seats to donate :	@ \$50.00 ea. = \$	
Method of Payment: □ Cheque or Money Order (enclosed – payable to Sage) □ Visa □ MasterCard			
Credit Card N	umber:	Exp	
Please note that tickets are also available online at www.mysage.ca/events/awards.			
If you know another party attending and would like to be seated with them, please provide the name and phone number:			
Name:		Phone:	
Sage protects your personal information. All information provided will be protected under Canada's privacy laws. We will not use any personal information for any purpose other than intended.			
Signature:		Date:	

Send by mail, email, or phone to order. <u>Please do not send by fax.</u> Sage Seniors Association 15 Sir Winston Churchill Square NW, Edmonton AB T5J 2E5 Phone: 780.701.9017 Email: jlparenteau@MySage.ca