



WEDNESDAY JANUARY 25, 2012  
 PIER 23, CUNARD CENTER  
 RECEPTION 5PM, DINNER 6PM

PRESENTED BY:



**MICHELIN**



# DINNER ORDER FORM

## DINNER TICKETS

\_\_\_\_\_ Yes ! I would like \_\_\_\_\_ table(s) for the Dinner at \$1500.00 each (table of 10) \$ \_\_\_\_\_

\_\_\_\_\_ Yes! I would like to make two tickets available to a Special Olympics Athlete and his/her guest at my purchased table of 10

\_\_\_\_\_ Yes! I would like to purchase \_\_\_\_\_ tickets (\$150.00 each) to attend and  
 \_\_\_\_\_ Athlete accompany ticket at \$50 each. \$ \_\_\_\_\_

\_\_\_\_\_ I cannot attend but would like to purchase \_\_\_\_\_ tickets (\$150.00 each) for Special Olympics Athlete(s) to attend on my behalf \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

## BILLING INFORMATION

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE:( \_\_\_\_\_ ) \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DOES YOUR COMPANY REQUIRE A TAX RECEIPT? Yes or No

CHEQUE ENCLOSED: Yes or No

INVOICE TO THE ABOVE ADDRESS: Yes or No

BILL MY VISA or MC: Yes or No

CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE OF PAYMENT \_\_\_\_\_

## RETURN TICKET ORDER TO:

Special Olympics Nova Scotia  
 5516 Spring Garden Rd, Suite 201  
 Halifax, Nova Scotia B3J 1G6  
 Ph: (902) 429-2266 x 2  
 Fax: 425-5606 c/o Anne Marie Shannon



**Special Olympics**  
*Festival*