



ADMIT ONE PASSES

Email this form with credit card information by January 26<sup>th</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 fax this form to (506) 658-0750 or email [accounting@mpltd.ca](mailto:accounting@mpltd.ca)

**WE WILL MAIL YOUR PASSES UP TO January 26<sup>th</sup>, 2024  
AFTER THAT YOU MUST PICK THEM UP AT THE SHOW OFFICE**