

Ticket Reservation



4th Canadian Agrifood Export Gala

Wednesday, April 21, 2010, 6 p.m.
Palais des congrès de Montréal

Presented by:



1. GALA TICKET RESERVATION

Please reserve _____ ticket(s) at \$225 each (plus taxes) \$ _____

Please reserve _____ table(s) seating 10 persons, at \$2,025 per table (plus taxes) \$ _____

2. PAYMENT METHOD

Cheque payable to Agri-Food Export Group – Credit card VISA MasterCard AMEX

Card #: _____ Exp.: _____

Signature: _____

3. PARTICIPANT NAME AND ADDRESS (list additional participants on following page)

Name: _____

Company: _____

Address: _____

City: _____ Prov.: _____ Postal code: _____

Country: _____

Tel. (day): _____ Cellphone: _____

Email: _____

Please identify my table (group of 10 persons minimum) under the following name:

(Name of person or company)

Notes:

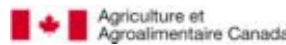
- ✚ **Gala tickets** will be mailed prior to the event or our welcoming committee will have them for you on the evening of the Gala.
- ✚ **To speed registration**, please provide the names and full addresses of all participants.

IMPORTANT

To reserve, complete and fax your form to Véronique Folny at 418 547-1173.

Tel. 418 843-7854 – Cell. 418 456-7854 – Email veroniquefolny@groupeexport.ca

If you are paying by cheque, send payment to: Maryse Nadeau, Agri-Food Export Group Québec-Canada
1668, montée Montarville, Saint-Bruno (Québec) J3V 6B1 Canada



Ticket Reservation



<p>2. Name: _____ Company: _____ Address: _____ City: _____ Prov.: _____ Postal code: _____ Country: _____ Tel.: _____ Email: _____</p>	<p>3. Name: _____ Company: _____ Address: _____ City: _____ Prov.: _____ Postal code: _____ Country: _____ Tel.: _____ Email: _____</p>
<p>4. Name: _____ Company: _____ Address: _____ City: _____ Prov.: _____ Postal code: _____ Country: _____ Tel.: _____ Email: _____</p>	<p>5. Name: _____ Company: _____ Address: _____ City: _____ Prov.: _____ Postal code: _____ Country: _____ Tel.: _____ Email: _____</p>
<p>6. Name: _____ Company: _____ Address: _____ City: _____ Prov.: _____ Postal code: _____ Country: _____ Tel.: _____ Email: _____</p>	<p>7. Name: _____ Company: _____ Address: _____ City: _____ Prov.: _____ Postal code: _____ Country: _____ Tel.: _____ Email: _____</p>
<p>8. Name: _____ Company: _____ Address: _____ City: _____ Prov.: _____ Postal code: _____ Country: _____ Tel.: _____ Email: _____</p>	<p>9. Name: _____ Company: _____ Address: _____ City: _____ Prov.: _____ Postal code: _____ Country: _____ Tel.: _____ Email: _____</p>
<p>10. Name: _____ Company: _____ Address: _____ City: _____ Prov.: _____ Postal code: _____ Country: _____ Tel.: _____ Email: _____</p>	<p>IMPORTANT To reserve, complete and fax your form to: Véronique Folny at 418 547-1173. Tel. 418 843-7854 – Cell. 418 456-7854 Email: veroniquefolny@groupeexport.ca If paying by cheque, send payment to: Maryse Nadeau, Agri-Food Export Group 1668, montée Montarville, Saint-Bruno (Québec) J3V 6B1</p>