



2017 Date with a Star: Individual Ticket Form

Contact/Tax Receipt Information:

Name /Company name _____

Mailing Address _____

Postal Code _____

Phone _____

Email _____

Ticket Order: _____ @ _____ = **Early Bird (Until Dec.5th) - \$125**
Regular Rate - \$140

I would like a tax receipt for one half of the total amount submitted. Name on Tax Receipt _____

Method of payment:

Total Payment: \$ _____ Cheque Cash Credit Card

Credit card number _____

Expiry Date _____ / _____

Signature _____

Please send this completed form and method of payment to:

Learning Disabilities Association of Manitoba - 617 Erin Street, Wpg, MB R3G 2W1
P: (204) 774-1821 F: (204) 788-4090 E: LDAM@mts.net



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