



ADMIT ONE PASSES

As an exhibitor you may purchase passes for 50% off.

Email this form with credit card information by **April 12, 2024** to:

accounting@mpltd.ca

Company Name: _____

Contact Name: _____

Address: _____ City: _____

Prov/State: _____ Postal Code: _____

Phone: _____

E-mail: _____

Number of Tickets Required: _____ @ \$3.00 (regular Price \$6.00) = \$ _____

Method of Payment

Visa _____ MasterCard _____ AMEX _____

Card Number: _____

Expiry Date: _____

Card Holder: _____

Signature: _____

Please email this form to: accounting@mpltd.ca

**WE WILL MAIL YOUR PASSES UP TO APRIL 12, 2024
AFTER THAT YOU MUST PICK THEM UP AT THE SHOW OFFICE**