



## CANADIAN HEALTH INFORMATICS AWARDS GALA 2006 TICKET PURCHASE ORDER FORM

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Website URL \_\_\_\_\_

e-mail \_\_\_\_\_

|                                 |           |       |
|---------------------------------|-----------|-------|
| _____ # of Tickets @ \$225.00   | \$        | _____ |
| _____ # of Tables* @ \$2,000.00 | \$        | _____ |
| + 6% GST (#138532189RC0001)     | \$        | _____ |
| <b>TOTAL TICKET PURCHASE</b>    | <b>\$</b> | _____ |

**\* Tables represent 10 seats – Taylor & Associates will contact you for guest names**

### Payment Information

✓ Cheque enclosed payable to Taylor & Associates/CHIA

✓ AMEX                      ✓ MasterCard                      ✓ VISA

Card Number: \_\_\_\_\_ exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your tickets will be held for you at the Gala in your Company's name,  
or mailed upon request.

Return this form to:  
CHIA c/o Taylor & Associates  
11-5370 Canotek Road, Gloucester, ON K1J 9E8  
Tel: 613-747-0262 Fax: 613-745-1846  
[www.healthinformaticsawards.ca](http://www.healthinformaticsawards.ca) [info@healthinformaticsawards.ca](mailto:info@healthinformaticsawards.ca)