



CANADIAN HEALTH INFORMATICS AWARDS GALA 2007 TICKET PURCHASE ORDER FORM

Company _____

Contact Name _____

Title _____

Address _____

City _____ Prov _____ Postal Code _____

Telephone _____ Fax _____

e-mail _____

Website URL _____

_____ # of Tickets @ \$225.00	\$	_____
_____ # of Tables* @ \$2,000.00	\$	_____
+ 6% GST (#124501529RT001)	\$	_____
TOTAL TICKET PURCHASE	\$	_____

*** 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 info@healthinformaticsawards.ca