

Atlantic Truck Show 2017

Registration Form

Shifting Gear Breakfast & Lobster Dinner ~ June 9th

Completed registration forms can be faxed to **1.506.853.7424**



or emailed to events@apta.ca or apta@apta.ca

Deadline to register is June 1st, 2017

There will be No Refunds or Cancellations after deadline

PLEASE READ CAREFULLY & FILL IN ALL FIELDS


<p>'SHIFTING GEAR Breakfast'</p> <p>Welcome & Innovative Product Awards</p> <p>Friday, June 9th at 8:30am Moncton Coliseum</p> <p>Please make sure to provide <u>ALL the names of your people</u> attending the breakfast <u>no later</u> than June 2nd</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> APTA Member \$25.00 # of tickets _____
	<input type="checkbox"/> Non-Member \$35.00 # of tickets _____

<p>LOBSTER DINNER</p> <p>Friday, June 9th at the Delta Beauséjour Cocktails at 6:30pm Dinner at 7:30pm</p>  <p>Exclusive Sponsor</p> 	<p>* TICKETS ARE LIMITED *</p> <input type="checkbox"/> Individual Ticket \$150.00 # of tickets _____
	<input type="checkbox"/> Full Table (10) \$1,500.00 # of tables _____
<p><u>THIS EVENT HAS ASSIGNED SEATING & WE WILL HAVE A FLOOR PLAN ONSITE</u></p>	

<p>MEAL SUBSTITUTE available by request <u>ONLY</u></p>	<input type="checkbox"/> # of <u>substitute meals</u> required _____
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It's important that you advise us if you or your guests have any food allergies

Deadline to request substitute meal is June 1st There will be **NO** substitutions the night of the event

<p>CHARITY SILENT AUCTION</p> <p>Participating in the auction by donating items, you will be recognized as a sponsor.</p> <p>Are you able to donate items for the Charity Silent / Live Auction?</p> <input type="checkbox"/> SILENT Auction (under \$500) <input type="checkbox"/> LIVE Auction (over \$500)	<p><i>Proceeds of the auction will be donated to</i></p> 
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Contact & Payment Information:

(R106736432) *All Prices will have 15 % HST added*

Please consider paying by cash or cheque instead of your credit card. Thank you!

Company Name: _____

Contact: _____ Email: _____

Address: _____

Phone: _____ Fax: _____

Invoice Me (APTA Members Only) Visa MasterCard Amex

Card number: _____ Expiry (mm/yy): _____

Name on card: _____ Signature: _____