

NHL Alumni Awards Gala Dinner REGISTRATION FORM

Date : Monday September 19, 2016 Cocktail Reception: 6:45PM (Doors Open at 6:45PM)

Venue: Airport Marriott Hotel- Grand Ballroom, 901 Dixon Road. Toronto

Mail Application form to: NHLA, 400 Kipling Avenue, Etobicoke, Ontario, M8V3L1 OR

Fax to: (416) 798-2582

Attention: Wendy McCreary

Please reserve ____ Gala Dinner table at \$5000 CDN plus \$650 HST/table for a total of \$ _____

Name & Company: (Please forward your 8 guest names prior to September 1, 2016 or table will be identified by Corporate/Charity Name at Guest Registration)

Address:

City: Prov/State:

Postal/Zip Code: Telephone ()

Please make cheque payable to NHLA Awards Gala Dinner or include your credit card info below:

VISA Credit Card No: _____ Expiry: _____

MASTERCARD Credit Card No: _____ Expiry: _____

Cardholder's Signature: _____