



# ACCOMMODATION ORDER FORM

DATE \_\_\_\_\_

(Maximum 50 words)

Email: info@calgarychristian.com • Fax 1-866-845-2019

NAME \_\_\_\_\_

Month(s) to appear: \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV. \_\_\_\_ CODE \_\_\_\_\_

PHONE DAY \_\_\_\_\_

EVENING \_\_\_\_\_

CELL. \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

Accommodation Available

Shared Accommodation

Roommate Wanted

Vacation Property

Other \_\_\_\_\_

Paper & Web    Paper only    Web only

## AD COPY

Paid by:

CASH    INVOICE    CHEQUE

VISA    MASTERCARD

Name on Card: \_\_\_\_\_

Number on Card: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Paper or Web only \$20

Both Paper & Web \$25

**TOTAL \$** \_\_\_\_\_