



ACCOMMODATION ORDER FORM

DATE _____

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 \$ _____