



SEAT RESERVATION FORM

Name of Your Organization: _____

Name of Purchaser: _____

NAME TO APPEAR ON RESERVATION: _____

Address: _____

City: _____ Postal Code: _____

Day Phone: _____ Alternate Phone: _____

Email Address: _____

Please list any special dietary requirements: _____

Option A: Number of seats: _____ @ \$65.00 ea. = \$ _____

Option B: Table of ten seats: _____ @ \$650.00 ea. = \$ _____

Option C: I would like to **donate** a seat(s) for low-income seniors to attend.
Please send me an Income Tax donation receipt: YES NO

Number of seats to **donate**: _____ @ \$65.00 ea. = \$ _____

Method of Payment:

Cheque or Money Order (enclosed – payable to Sage) Visa MasterCard

Credit Card Number: _____ Exp. _____

If you know another party attending and would like to be seated with them, please provide the name and phone number:

Name: _____ Phone: _____

This will be a ticketless event. Table numbers will be provided at the luncheon.

Sage protects your personal information. All information provided will be protected under Canada's privacy laws. We will not use any personal information for any purpose other than intended.

Photography release: I, the undersigned, do hereby consent and agree that Sage Seniors Association (Sage), its employees, or agents have the right to take photographs, videotapes, or digital recordings of me at the 12th Annual Sage Awards and to use these in any and all media, now or hereafter known, and exclusively for the purpose of promoting Sage, its programs and services.

I further **consent** / **do not consent** that my name and identity may be revealed therein or by descriptive text or commentary.

Signature: _____ Date: _____