



We commit to support the CIPS Ottawa Program as a valued PATRON for 2008/2009.

Patron Name: _____

Key Contact: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

Patron Level: Official (\$750 plus GST)
 Premier (\$1,500 plus GST)

Patron Website: _____

Mailing Address: _____

Authorized Patron Representative:

Name: _____ Title: _____

Date: _____ Signature: _____

Payment Information:

We will be paying by: Cheque Visa American Express

Amount Remitted / To be Charged: \$ _____ (Please include GST)

Credit Card: _____ Expiry: _____

Name on Card : _____ Signature: _____

Make all cheques payable to CIPS Ottawa and mail to
CIPS Ottawa • 99 Fifth Avenue, Suite 225 • Ottawa, Ontario K1S 5P5



Patron Contact List

Financial Contact:

Name: _____ Title: _____

Email: _____ Phone: _____

Internal Marketing Contact:

Name: _____ Title: _____

Email: _____ Phone: _____

Event Coordinator / Assistant:

Name: _____ Title: _____

Email: _____ Phone: _____

Other Contacts (for CIPS Ottawa's news and event distribution list):

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Please fax (613-234-2093) or mail completed forms to
CIPS Ottawa • 99 Fifth Avenue, Suite 225 • Ottawa, Ontario K1S 5P5