



ACCOMMODATION ORDER FORM

DATE _____

(Maximum 50 words)

Email: info@calgarychristian.com • Fax (403) 640-2000

NAME _____

Month(s) to appear: _____

COMPANY _____

ADDRESS _____

CITY _____ PROV. _____ CODE _____

PHONE (Res) _____

PHONE (Bus) _____

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 \$25

Both Paper & Web \$30

TOTAL \$ _____