



2012 ICE ORDER FORM

Company Name: _____ Booth #: _____

Representative: _____ Phone: _____

Show Management would like to facilitate your ice requirements on-site.
Please check the appropriate category as listed below. **ICE ORDER:**

- | | | | |
|--|-------------|---|--------------|
| <input type="checkbox"/> 1 x Daily Ice Service
Sunday and Monday
Delivered between 11:30 am and 12:30 pm | \$56 | <input type="checkbox"/> 2 x Daily Ice Service
Sunday and Monday
Delivered between 10-11am & 12:30-1:30pm | \$100 |
|--|-------------|---|--------------|

Prices include HST
Each ice delivery contains 20 lbs of ice.

To ensure availability of space, please return order form with payment by January 15, 2012.
Please make payable to the CANADIAN RESTAURANT AND FOODSERVICES ASSOCIATION.

Credit Card: Visa MC Amex

Credit Card: _____ Expiry Date: _____

Name of Cardholder: _____

Total Amount: \$ _____

I authorize the CRFA to charge the amount specified to my card.

Signature of Cardholder: _____

Please FAX this form by January 15, 2012 to:
(604) 685-9633