



the INITIATIVE SUPPLIER INTEREST FORM

Submission Date: _____

Organization: _____

Address: _____

Contact Name: _____ Telephone: _____

Email: _____

Website: _____

Twitter: @: _____

Credit Card Number: _____ Expiry: _____

Name of Cardholder: _____

Signature of Cardholder: _____

| | |
|---|---------------|
| Partnership Opportunity | |
| <input type="checkbox"/> the INITIATIVE | _____ x \$650 |

Send completed form to: Leslie Wright, EVENT Administrator, at leslie@the-event.ca.

Office Use Only:

| | | | | | | |
|---------------------------|--------------------------|-----|--------------------------|----|------------------------------|--|
| Committee Liaison: | | | | | | |
| Approved: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Date / Time Received: | |
| Date Contacted: | | | | | | |

The EVENT team will confirm submission of your interest form to ensure partnerships are awarded based on time of submission.