CABI Silent Auction
Donation Registration Form

Please fax to 416.345.9044 (ATTN: Cheryl Mulgrave)
or e-mail to info@cabi.ca

Date: _____

Organization Name: _____

Contact Person: _____

Phone: _____

Fax: _____

E-mail Address: _____

Street Address: _____

City: _____

Prov: _____

Postal Code: _____

Donation Description (25-50 words) for promotional materials:

_____

_____

_____

Approximate Retail Value: _____
* Minimum retail value of $25 for all donated items.

Additional Notes (special assistance, expiration dates, blackout dates, etc.):

_____

Please Check One:

□ The item will be brought to THE FAIRMONT NEWFOUNDLAND personally and dropped off at the conference registration area between 2 - 4 p.m. on Sunday, September 23, 2007.

□ The item will be shipped to THE FAIRMONT NEWFOUNDLAND. (CABI will provide additional information regarding shipment.)