

## Omnium Marc Verreault

**Le Versant Golf center**

2075 Côte Terrebonne, Terrebonne QC J6Y 1H6

**Tuesday August 15<sup>th</sup> 2023, Brunch 9h00 with Vegas Crossed starts at 11h00**

### Registration Form:

Company : \_\_\_\_\_

Name of participants or guests for golf

_____	_____
_____	_____
_____	_____
_____	_____

The tournament organisers will set-up the foursome if you do not have guests.

Associate member – **2023 Annual dues** ( if not paid yet) **\$150**

_____				
Brunch Golf and diner	<b>Member</b>	\$220 x _____	=	_____
	<b>Non-member</b>	\$295 x _____	=	_____
Diner only –	<b>Member</b>	\$110 x _____	=	_____
	<b>Non-member</b>	\$135 x _____	=	_____
		Sub-total		_____
	TPS (R101157840)	5%		
	TVQ (1006097827)	9.975%		
		Total		_____

### **Important:**

Please return the filled registration via mail to the **CMEICI, 189 Montée Renaud, St-Eustache, Qc J7R 4K3** prior to **July 21<sup>st</sup> 2023** or email [info@cmeici.com](mailto:info@cmeici.com)

### **Method of Payment:**

Check included \_\_\_\_\_ OR  
 Credit card: Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_  
 Name of card holder : \_\_\_\_\_  
 Card # : \_\_\_\_\_ Expiration \_\_\_/\_\_\_  
 Telephone : \_\_\_\_\_

Corporation des Maîtres Entrepreneurs  
en Installations Contre l'Incendie

189 Montée Renaud  
St-Eustache, Québec, J7R 4K3

info@cmeici.com  
Tél. : 514 684-2666  
Sans frais : 1 866-996-2666  
CMEICI.COM

**Gifts for the golf and sponsorships :**

We are pleased to confirm that your suggestions to improve this Tournament *have been heard* so we will play « Vegas » followed with a cocktail / diner instead of the formal diner type;

The CMEICI will give to each player a very practical gift and as per previous years we respectfully ask your help in order to offer door prices to all participants and cash prizes for the best teams such as the longest drive, closest to the hole, best over all score and for the most « honest » team !!

Please indicate the gift(s) description or the amount you are considering offering and if you wish to receive an invoice for your accounting ;

Invoice required : Yes \_\_\_ No \_\_\_

In all cases a receipt will be provided ;

Company name : \_\_\_\_\_

Contact person : \_\_\_\_\_

Gifts / Amount is dollars : \_\_\_\_\_

By mail : CMEICI, 189 Montée Renaud, St-Eustache, Qc J7R 4K3

Credit card: Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_

Name of card holder : \_\_\_\_\_

Card # : \_\_\_\_\_ Expiration \_\_\_/\_\_\_

Please email to : [info@cmeici.com](mailto:info@cmeici.com)

**THANKS !**