



Program Order Form

Rental Information

Club / Society _____

Program Chairperson _____

Mailing Address _____

Postal Code _____

Phone Number () _____

Primary Choice

Program Number _____

Program Title _____

Alternate Choice

Program Number _____

Program Title _____

Date Required _____

** Mail with fee payable to the Canadian Association of Aquarium Clubs, to the Program Chairperson **

Rental Agreement

I hereby declare that as President, or Program Chairperson, of our club/society, I fully understand the rules and regulations governing the use of C.A.O.A.C. programs and will comply with same in a responsible manner. In failing to do so, on behalf of our club/society, we will be liable for the loss of program material.

C.A.O.A.C. Use Only	
Date Order Received	_____
Date Order Sent	_____
Payment Amount	_____
Date Returned	_____
Mailing & Insurance	_____

Signature