2016 OCNA Press Card
Publisher's Authorization Form

Thanks for your interest in obtaining Press Cards for your staff.
Please e-mail photos to k.gorven@ocna.org. Identify individual's name on file.

Please print clearly.

Name	Position	Newspaper	Cost
_____	_____	_____	❑ $10
_____	_____	_____	❑ $10
_____	_____	_____	❑ $10
_____	_____	_____	❑ $5
_____	_____	_____	❑ $5
_____	_____	_____	❑ $5
_____	_____	_____	❑ $5
_____	_____	_____	❑ $5
_____	_____	_____	❑ $5
_____	_____	_____	❑ $5

Form must be authorized by the Publisher or General Manager.
I authorize OCNA to provide Press Cards for the above named individuals.

_____ _____
Print name Signature

_____
Date

Payment by:

❑ Invoice
❑ Credit Card _____ Exp. _____ CVV _____

Allow two weeks for delivery.

Send form by:
Fax form to 905-639-6962 or
E-mail k.gorven@ocna.org or
Mail to OCNA Press Cards, 890 Yonge Street, Suite 200 Toronto, ON M4W 3P4