

CSPN 2ND ANNUAL WOMEN IN LEADERSHIP REGISTRATION FORM

| Individual Pass | |
|-----------------|--------|
| MEMBER | \$159* |
| NON-MEMBER | \$199* |

* For early bird registrations, take off an extra 5% off the regular rate. Early Bird Rates expire August 17, 2018.

- For discounted group rates, please contact us.
- All prices are in CAD, plus applicable taxes.

Please email this form to info@mycspn.com or fax it to 905-940-1278 (Markham) – Secure Fax

Attendee #1 Information

| | |
|----------------------|--|
| FULL NAME | |
| TITLE | |
| EMAIL ADDRESS | |
| CELL PHONE | |
| DIETARY RESTRICTIONS | |

Attendee #2 Information

| | |
|----------------------|--|
| FULL NAME | |
| TITLE | |
| EMAIL ADDRESS | |
| CELL PHONE | |
| DIETARY RESTRICTIONS | |

Attendee #3 Information

| | |
|----------------------|--|
| FULL NAME | |
| TITLE | |
| EMAIL ADDRESS | |
| CELL PHONE | |
| DIETARY RESTRICTIONS | |

Attendee #4 Information

| | |
|----------------------|--|
| FULL NAME | |
| TITLE | |
| EMAIL ADDRESS | |
| CELL PHONE | |
| DIETARY RESTRICTIONS | |

*Additional attendees on the last page

Registered By:

| | |
|---------------------|-----------------|
| NAME | COMPANY NAME |
| TITLE | MEMBER ID |
| EMAIL ADDRESS | PHONE |
| COMPANY ADDRESS | POSTAL/ZIP CODE |
| CITY/PROVINCE/STATE | COUNTRY |

| HOW AND WHERE DID YOU HEAR ABOUT CSPN? | | |
|---|--|---|
| <input type="checkbox"/> WEBSITE (CSPN) | <input type="checkbox"/> NETWORKING EVENTS | <input type="checkbox"/> COLLEAGUES / REFERRALS |
| <input type="checkbox"/> ONLINE ADS | <input type="checkbox"/> WEBSITE (OTHER) | <input type="checkbox"/> GOOGLE |
| | <input type="checkbox"/> SOCIAL MEDIA | <input type="checkbox"/> OTHER _____ |

SMILE! YOU MIGHT BE ON CAMERA. OCCASIONALLY CEC/CSPN WILL TAKE VIDEO AND/OR PHOTOGRAPHS AT OUR EVENTS TO SHARE ON VARIOUS WEBSITES AND SOCIAL MEDIA PLATFORMS. DO YOU CONSENT TO HAVE YOUR IMAGE USED IN THIS REGARD?

YES NO

CREDIT CARD PAYMENT AUTHORIZATION

The completion and the signing of this document by the cardholder authorize CSPN to process the following payment on my credit card.

PLEASE PRINT

| | | | |
|----------------------------|--------------------------------------|-------------------------------|-------------------------------|
| COMPANY NAME | | | |
| PAYMENT OPTION | <input type="checkbox"/> MASTER CARD | <input type="checkbox"/> VISA | <input type="checkbox"/> AMEX |
| TOTAL AMOUNT TO BE CHARGED | | | |
| NAME ON CREDIT CARD | | | |
| CARD NUMBER | | CARD EXPIRATION DATE | |
| CARD HOLDER PHONE NUMBER | | | |

Please email or fax this page to info@myCSPN.com or 905-940-1278 (Markham) – Secure Fax

Any cancellations received more than 2 weeks prior to event will be refunded in full minus \$100.00 administration fee). Cancellations made 1-2 weeks prior to event, will receive 50% refund. Less than 1 week prior to event start, no refund. Replacements are welcome. Note: CSPN has the right to cancel or reschedule its venues due to unforeseen circumstances. If an event cancellation occurs, CSPN will refund in full any payments that have been made for that event.

If you have any questions, please feel free to contact us at 905-477-5544 or info@myCSPN.com

Thank you!

ADDITIONAL ATTENDEES

Attendee #5 Information

| | |
|----------------------|--|
| FULL NAME | |
| TITLE | |
| EMAIL ADDRESS | |
| CELL PHONE | |
| DIETARY RESTRICTIONS | |

Attendee #6 Information

| | |
|----------------------|--|
| FULL NAME | |
| TITLE | |
| EMAIL ADDRESS | |
| CELL PHONE | |
| DIETARY RESTRICTIONS | |

Attendee #7 Information

| | |
|----------------------|--|
| FULL NAME | |
| TITLE | |
| EMAIL ADDRESS | |
| CELL PHONE | |
| DIETARY RESTRICTIONS | |

Attendee #8 Information

| | |
|----------------------|--|
| FULL NAME | |
| TITLE | |
| EMAIL ADDRESS | |
| CELL PHONE | |
| DIETARY RESTRICTIONS | |

Attendee #9 Information

| | |
|----------------------|--|
| FULL NAME | |
| TITLE | |
| EMAIL ADDRESS | |
| CELL PHONE | |
| DIETARY RESTRICTIONS | |

Attendee #10 Information

| | |
|----------------------|--|
| FULL NAME | |
| TITLE | |
| EMAIL ADDRESS | |
| CELL PHONE | |
| DIETARY RESTRICTIONS | |