

WORKSHOP REGISTRATION

- MORNING (9AM – 12PM)
 AFTERNOON (1PM – 4PM)

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

Attendee #1 Information		Attendee #2 Information	
FULL NAME		FULL NAME	
TITLE		TITLE	
EMAIL ADDRESS		EMAIL ADDRESS	
CELL PHONE		CELL PHONE	
DIETARY RESTRICTION		DIETARY RESTRICTION	

Registered By:		Manager Information (if different than person registering):	
NAME		MANAGER NAME	
TITLE		TITLE	
COMPANY NAME		COMPANY NAME	
EMAIL ADDRESS		EMAIL ADDRESS	
PHONE		PHONE	
COMPANY ADDRESS			
MEMBER ID		PROMO CODE	

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

COST Rate: \$199 + 13% HST	5% discount For 3+ attendees
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ONE TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize **CSPN** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

PLEASE PRINT

COMPANY NAME:			
CARDHOLDER NAME:			
CARD NUMBER		CARD EXPIRATION DATE	
PAYMENT OPTION:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	
TOTAL AMOUNT TO BE CHARGED:			
CARD HOLDER PHONE NUMBER:			
SIGNATURE:		DATE:	

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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

Call us if you have any questions – 905-477-5544

Thank you!