

Registration Form

| Name: | | |
|--|-------------------------------|-------------------------------|
| Title: | | |
| Company/Organization: | | |
| Mailing address: | | |
| City: | | |
| Prov | Postal Code: | |
| Phone #: | | |
| Email address (required*): | | <u> </u> |
| Business Connections Registration: Limiteregistration of 1 person. Please purchase d #\$225.00 – 1 delegate ticket & a bu | elegate tickets for any addit | ional people.): |
| Regular Registration: | | |
| #\$125.00 – 1 delegate ticket | \$ | |
| #\$1000.00 – corporate table of 8 | \$ | <u> </u> |
| Registration Subtotal: | \$ | |
| GST at 5% of Subtotal | \$ | |
| Total Registration amount: | \$ | Payment options on next page. |
| Additional Attendee Information (requ | ıired*): | |
| Name | Business Title | Email |
| | | |
| | | |
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Networking Facilitation

| | ail: |
|---|--|
| Business Bio (How to build your profile? State who y you may be seeking, etc.) Max 100 words. | you are, what you do, what you offer, partnerships |
| | |
| Other comments you wish to provide to event organ | nizers: |
| | |
| | |
| Disclaimer: By taking part in the Economic Partnersh survey, sent out by the event organizers, to evaluate or business deals made. Details will be kept confider economic impact of the event. | the event and provide feedback of any connections |
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| survey, sent out by the event organizers, to evaluate or business deals made. Details will be kept confider economic impact of the event. Signature: | e the event and provide feedback of any connections nitial; the information is collected to determine the |
| survey, sent out by the event organizers, to evaluate or business deals made. Details will be kept confider economic impact of the event. Signature: | the event and provide feedback of any connections nitial; the information is collected to determine the Date: low for your convenience Credit Card Payment:VisaMasterCard |
| survey, sent out by the event organizers, to evaluate or business deals made. Details will be kept confider economic impact of the event. Signature: | the event and provide feedback of any connections ntial; the information is collected to determine the Date: |

Phone: 780-875-9013 Email: epsummit@lloydminsterchamber.com



















