



CUSTOMER & EMPLOYEE EXPERIENCE

MAY 28-30, 2019 | THE GLOBE AND MAIL CENTRE, TORONTO

CONFERENCE REGISTRATION FORM

Attendee #1 Information:

Guest:

Full Name	<input type="text"/>
Title	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>
Dietary Restriction	<input type="text"/>

Please check days attending.

2-Day Conference	May 28 & 29
1-Day Conference	May 28 May 29
Contact Centre Tour & Workshop	May 30
Early Bird Discounts Deadline: February 28, 2019	May 28 & 29 SAVE \$150
Group of 4 or more, Government & Not-for-Profit 25% off Regular Rate <small>*Cannot be used in combination with any other offers</small>	

Member Non-Member

Member <small>(plus applicable taxes)</small>	Non-Member <small>(plus applicable taxes)</small>
\$1,299	\$1,599
\$749	\$899
\$249	\$299
May 28/29 SAVE \$100	May 30 SAVE \$25
Discount Code: <input type="text"/>	
<small>For additional attendees, please refer to Page 3</small>	

Attendee #2 Information:

Guest:

Full Name	<input type="text"/>
Title	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>
Dietary Restriction	<input type="text"/>

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Registered by:

Contact Name & Title	<input type="text"/>		
Company Name	<input type="text"/>		
Company Address	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>

SMILE! You might be on camera. Occasionally 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 AUTHORIZATION FORM

Head Office: 25 Royal Crest Court, Suite 201, Markham, Ontario, L3R 9X4

Phone Number: 905-477-5544

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	<input type="text"/>		
Payment Options	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	
Total amount to be charged plus taxes:	<input type="text"/>		
Card Number	<input type="text"/>	Expiration (MM/YY)	<input type="text"/>
Name on Credit Card	<input type="text"/>	Phone Number:	<input type="text"/>
Signature of Credit Card Holder	<input type="text"/>	Date:	<input type="text"/>

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 email or fax your Registration and Credit Card Authorization forms to info@myCSPN.com or 905-940-1278 (Markham) - Secure Fax

All cancellations **must** be in writing and emailed to info@myCSPN.com or by contacting us at 905-477-5544. A cancellation fee of \$100 per registration applies until March 31st, 2019. No refunds will be issued after March 31st, 2019. Note: Registrations are transferable, at no extra cost.

CSPN reserves the right to make changes in programming and speakers, or to cancel if enrollment criteria are not met, or when conditions beyond our control occur. Every effort will be made to contact each person enrolled if the conference is cancelled and 100% registration fees will be refunded.

If you have any questions, please feel free to contact us.

Thank you!





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ADDITIONAL ATTENDEES

Attendee #3 Information:

Guest:

Full Name	<input type="text"/>
Title	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>
Dietary Restriction	<input type="text"/>

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Attendee #4 Information:

Guest:

Full Name	<input type="text"/>
Title	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>
Dietary Restriction	<input type="text"/>

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Attendee #5 Information:

Guest:

Full Name	<input type="text"/>
Title	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>
Dietary Restriction	<input type="text"/>

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