

2010  
NETWORKING  
PARTNERS



For what matters.



# Whitby Chamber of Commerce

WHERE BUSINESS CONNECTS

## EVENT REGISTRATION FORM

**FAX FORM TO: 905-668-1894**

PAYMENT IN ADVANCE IS REQUIRED

1. COMPANY NAME: \_\_\_\_\_

2. COMPANY ADDRESS (PLEASE FILL OUT IF YOU ARE A NON-MEMBER, MEMBERS PROCEED TO #3)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. PHONE # \_\_\_\_\_ 4. EMAIL: \_\_\_\_\_

5. EVENT NAME: \_\_\_\_\_

6. EVENT DAY & DATE: \_\_\_\_\_

7. ATTENDEE NAME(S): \_\_\_\_\_

\_\_\_\_\_

8. PAYMENT:            VISA            MASTERCARD            AMEX

9. NUMBER: \_\_\_\_\_ EXP: \_\_\_\_\_ / \_\_\_\_\_

10. CARD HOLDER NAME: \_\_\_\_\_

11. SIGNATURE: \_\_\_\_\_

**48 HOUR CANCELLATION NOTICE IS REQUIRED FOR REFUND**