CSPN 4TH ANNUAL VIRTUAL WOMEN IN LEADERSHIP REGISTRATION FORM

	Individual	Team of 10	Team of 20
EARLY BIRD AUGUST 30 DEADLINE	\$225*	\$1,950 *	\$3,250*
REGULAR PRICE SEPTEMBER 30 DEADLINE	\$250	\$2,250	\$3,750
Early Bird Rates expire August 30, 2020. • All prices are in CAD, plus applica	ble taxes.		
lease email this form to info@m	nycspn.com		
ttendee #1 Information		Attendee #2 Info	rmation
ILL NAME		FULL NAME	
BTITLE		JOB TITLE	
OMPANY NAME		COMPANY NAME	
IAIL ADDRESS		EMAIL ADDRESS	
ELL PHONE		CELL PHONE	
ttendee #3 Information		Attendee #4 Info	rmation
JLL NAME		FULL NAME	
DB TITLE		JOB TITLE	
OMPANY NAME		COMPANY NAME	
MAIL ADDRESS		EMAIL ADDRESS	
ELL PHONE		CELL PHONE	
			*Additional attendees on the last
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 ABC	DUT CSPN?	NETWORKING EVENTS	COLLEAGUES / REFERRALS
□ WEBSITE (CSPN)		WEBSITE (OTHER)	GOOGLE
ONLINE ADS		SOCIAL MEDIA	□ OTHER

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	MASTER CARD	UISA	AMEX*
TOTAL AMOUNT TO BE CHARGED			
NAME ON CREDIT CARD		CVV (ON BACK OF	CARD)
CARD NUMBER		CARD EXPIRATION	N DATE
CARD HOLDER PHONE NUMBER			

Please email or fax this page to info@myCSPN.com

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.

*For American Express card holders, there is a 5% processing fee on top of the total amount.

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 Informa	ation
FULL NAME	
JOB TITLE	
COMPANY NAME	
EMAIL ADDRESS	
CELL PHONE	
Attendee #7 Informa	ation
FULL NAME	
FULL NAME	
FULL NAME JOB TITLE	

Attendee #9 Information		
FULL NAME		
JOB TITLE		
COMPANY NAME		
EMAIL ADDRESS		
CELL PHONE		

Attendee #6 Informa	ation
FULL NAME	
JOB TITLE	
COMPANY NAME	
EMAIL ADDRESS	
CELL PHONE	
Attendee #8 Information	ation
FULL NAME	
JOB TITLE	
COMPANY NAME	
EMAIL ADDRESS	
CELL PHONE	
Attendee #10 Inform	nation
FULL NAME	
JOB TITLE	

COMPANY NAME

EMAIL ADDRESS

CELL PHONE