

CONFERENCE REGISTRATION FORM

Attendee #1 Information:

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

Attendee #2 Information:

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

FOR ADDITIONAL ATTENDEES, PLEASE REFER TO THE LAST PAGE

All prices plus applicable taxes are in CAD.	Member	Regular Rate**	Discounts for Conference*
2-Day Conference (May 17 & 18)	<input type="checkbox"/> \$1,199	<input type="checkbox"/> \$1,499	Group of 4 30% off Regular Pricing
1-Day Conference <input type="checkbox"/> May 17 <input type="checkbox"/> May 18	<input type="checkbox"/> \$699	<input type="checkbox"/> \$849	Group of 5 or more 40% off Regular Pricing
Workshop(s)**** (May 16) <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 2A <input type="checkbox"/> 2B	<input type="checkbox"/> \$299 (See Page 6 for Workshop Details)		Government & Not-for-Profit 40% off Regular Pricing
Tour Package*** (includes 2 tours) (May 15)	<input type="checkbox"/> \$199		

* Cannot be used in combination with any other offer.
 ** Regular Rate Passes include a 1-year CSPN Individuals Membership.
 *** Limit to 2 per company/organization.
 **** 4 Workshops available to choose from.

PROMO CODE: _____

Registered by:

Contact Name & Title	<input type="text"/>		
Company Name	<input type="text"/>		
Company Address	<input type="text"/>	City/Town	<input type="text"/>
Province/State	<input type="text"/>	Postal Code	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>



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

CREDIT CARD AUTHORIZATION FORM

Head Office: 25 Royal Crest Court, Unit 5, Markham, Ontario, L3R 9X4
905-477-5544

The completion and the signing of this document by the cardholder authorizes Cutting Edjj Consulting Ltd. (on behalf of CSPN) to process the following payment on the provided credit card.

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"/>		

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, 2017. No refunds will be issued after March 31st, 2017. 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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Mississauga Convention Centre | May 15-18, 2017 | amazeyourcustomer.com

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Additional Attendees

Attendee #3 Information:

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

Attendee #4 Information:

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

Attendee #5 Information:

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

Attendee #6 Information:

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

Attendee #7 Information:

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

Attendee #8 Information:

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

Attendee #9 Information:

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

Attendee #10 Information:

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