

Booking form

CANTERBURY EMPLOYERS' CHAMBER OF COMMERCE

IT'S WHO YOU KNOW, IT'S WHAT YOU KNOW

Email registrations@cecc.org.nz
Online www.cecc.org.nz
Post PO Box 359 Christchurch 8140
Fax (03) 379 5454

Seminar/Event Name: _____

Seminar/Event Date: _____

Organisation: _____

Contact Name: _____

Email: _____

Postal Address: _____

City: _____

Telephone: _____ Fax: _____

Membership Number: _____

Attendees

1st Attendee's Name: _____

Email: _____

2nd Attendee's Name: _____

Email: _____

3rd Attendee's Name: _____

Email: _____

Corporate Table of 10

Payment Details

I enclose a cheque for \$ _____ including GST

Please debit my credit card for \$ _____ including GST

Visa Mastercard Amex Diners

Cardholder Name: _____

Card Number: _____

Expiry Date: _____

Signature: _____

Conditions of Registration

Enrolment accepted only on payment of fee.

Cancellations will not be eligible for a refund unless made three working days prior to the seminar/event by telephoning (03) 366 5096.

Confirmation of your attendance will be emailed no later than three working days prior to the seminar/event. If you do not receive this, please contact us.