

EVENT REGISTRATION FORM

TRANS-PACIFIC PARTNERSHIP:
IMPACTS ON CANADIAN AND AMERICAN BUSINESSES
SPONSORED BY DELOITTE

TUESDAY, OCTOBER 27TH, 2015
2800 – 1055 DUNSMUIR STREET, VANCOUVER, BC

TO RSVP, PLEASE COMPLETE AND RETURN THIS FORM VIA EMAIL TO
EVENTS@AMCHAMPACIFIC.COM BY THURSDAY, OCTOBER 22ND, 2015
ALL REGISTRATIONS WILL BE CONFIRMED BY EMAIL AND AT THE REGISTRATION
TABLE AT THE EVENT. TICKETS WILL NOT BE MAILED.

TICKET TYPE

Type and quantity of Ticket(s):	<input type="checkbox"/> Members: C\$25 x _____ = \$ _____ <input type="checkbox"/> Affiliate Members: C\$30 x _____ = \$ _____ <input type="checkbox"/> Non-Members: C\$40 x _____ = \$ _____ <i>All prices are subject to applicable tax (GST).</i>
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How did you hear of this event? Website Email Mail Invited by member

PAYMENT INFORMATION

Credit card:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card
Cardholder name:	
Billing address:	
Credit card number:	
Expiry date:	
CVV:	
Card holder signature (required):	
Email address for receipt:	

ATTENDEE 1 INFORMATION

Attendee name:	
Attendee title:	
Email address:	
By providing my email address above, I give my express consent, as defined by CAN-SPAM and Canada's Anti - Spam Legislation (CASL), to receive electronic messages relevant to my relationship with the American Chamber of Commerce in Canada - Pacific Chapter.	
Phone number:	
Company name:	
Company address:	

PLEASE USE THIS SECTION TO REGISTER MORE THAN ONE ATTENDEE.

ATTENDEE 2 INFORMATION	
Attendee name:	
Attendee title:	
Email address:	
By providing my email address above, I give my express consent, as defined by CAN-SPAM and Canada's Anti - Spam Legislation (CASL), to receive electronic messages relevant to my relationship with the American Chamber of Commerce in Canada - Pacific Chapter.	
Phone number:	
Company name:	
Company address:	

ATTENDEE 3 INFORMATION	
Attendee name:	
Attendee title:	
Email address:	
By providing my email address above, I give my express consent, as defined by CAN-SPAM and Canada's Anti - Spam Legislation (CASL), to receive electronic messages relevant to my relationship with the American Chamber of Commerce in Canada - Pacific Chapter.	
Phone number:	
Company name:	
Company address:	

ATTENDEE 4 INFORMATION	
Attendee name:	
Attendee title:	
Email address:	
By providing my email address above, I give my express consent, as defined by CAN-SPAM and Canada's Anti - Spam Legislation (CASL), to receive electronic messages relevant to my relationship with the American Chamber of Commerce in Canada - Pacific Chapter.	
Phone number:	
Company name:	
Company address:	

ATTENDEE 5 INFORMATION	
Attendee name:	
Attendee title:	
Email address:	
By providing my email address above, I give my express consent, as defined by CAN-SPAM and Canada's Anti - Spam Legislation (CASL), to receive electronic messages relevant to my relationship with the American Chamber of Commerce in Canada - Pacific Chapter.	
Phone number:	
Company name:	
Company address:	