



Registration Form

Name: _____

Title: _____

Company/Organization: _____

Mailing address: _____

City: _____

Prov. _____

Postal Code: _____

Phone #: _____

Email address: _____

Business Connections Registration: Limited booths available (To have more than 1 person at the booth, purchase 1 Business Connections booth and regular registration tickets for the extra people):

_____ **Early bird \$150.00 (+GST) – 1 delegate ticket & booth** (if registered prior to September 6, 2023)

_____ **\$175.00 (+GST) – 1 delegate ticket & booth** (after September 6, 2023)

Regular Registration:

_____ **Early bird \$100.00 (+GST) per person** (if registered prior to September 6, 2023)

_____ **\$125.00 (+GST) per person** (after September 6, 2023)

_____ **Early bird \$800.00 (+GST) per corporate table of eight** (if registered prior to September 6, 2023)

_____ **\$1000.00 (+GST) per corporate table of eight** (after September 6, 2023)

Additional Attendees:

| Name | Title | Email (required) |
|-------|-------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



Networking Facilitation

I am willing to give permission to have my name listed on the public delegates list:

(Y/N) _____

Is there a business/person you are looking to connect with?

Include any information available to help us to determine possible business connections: Industry focus, business priorities, projects, and partnership opportunities you would be interested in, or are offering. Products and services required, or offered, etc.:

Business Bio for economicpartnership.ca (How to build your profile? State who you are, what you do, what you offer, partnerships you may be seeking, etc.) Max 100 words.

Other comments you wish to provide to event organizers:

Disclaimer: By taking part in the Economic Partnership Summit, I will commit to taking a follow up survey, sent out by the event organizers, to evaluate the event and provide feedback of any connections or business deals made. Details will be kept confidential; the information is collected to determine the economic impact of the event. It is our goal for business deals to be made and for attendees to be successful!

Name: _____

Signature: _____

Payment information below for your convenience

| | |
|--|---|
| <p>Payment Method: ____ Cheque enclosed Make Cheque payable to: Lloydminster Chamber of Commerce P.O. Box 10446 Lloydminster, AB T9V 3A5 Phone: 780-875-9013 Email: epsummit@lloydminsterchamber.com E-transfer: teri-lynn@lloydminsterchamber.com (No security question needed, please provide name and phone number)</p> | <p>Credit Card Payment: ____ Visa ____ MasterCard Card # _____ Expiry Date: _____ CSC/CVV: _____ Cardholder Name: _____ Business Name: _____ Total to registration amount: \$ _____ X 5% (GST): \$ _____ Total to be charged to card: \$ _____ Cardholder signature: _____</p> |
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