



**EXPLOITS REGIONAL CHAMBER OF COMMERCE**

**P.O. Box 272, 16 High Street**  
**Grand Falls-Windsor, NL, A2A 2J7**  
Phone (709)489-7512 Fax (709)489-7532  
[www.exploitschamber.com](http://www.exploitschamber.com)

**EVENT REGISTRATION FORM**

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Your Company Name: \_\_\_\_\_

Contact for this event: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#of tickets required: \_\_\_\_\_

Names of ticket holders (if available): \_\_\_\_\_  
(if you need more space please fill out a 2<sup>nd</sup> form)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pay by (check one):

invoice \_\_\_\_\_ cash/chq \_\_\_\_\_ (must be received by our office prior to the event)

c/card \_\_\_\_\_ type \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Number \_\_\_\_\_ Exp date \_\_\_\_\_

Special Instructions/requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_