

Registration Form



Contact Name

Company Name (if applicable)

Contact Number

Email Address

Gala Tickets:

- Gala Sponsor Dinner Table** \$4000 \$ _____
- includes 10 tickets for dinner/drinks with premiere seating,
advertising AND two tickets to a private reception with the President

Name of guest for private reception

Name of guest for private reception

- Gala Dinner Table** \$2000 \$ _____
- includes 10 tickets for dinner/drinks

- Gala Dinner Ticket** _____ x \$200 \$ _____
- includes dinner/drinks

Total Payable: \$ _____

Guest(s) information for registration:

1. _____
Name

2. _____
Name

3. _____
Name

4. _____
Name

5. _____
Name

6. _____
Name

7. _____
Name

8. _____
Name

9. _____
Name

10. _____
Name

Please mail completed form and cheque made payable to:

Canadian-Croatian Chamber of Commerce
630 The East Mall, Etobicoke, ON, M9B 4B1
Attn: Wanita Kelava

To pay by Visa or Mastercard fill in the information below or contact
416-641-2829 or by email to contactus@croat.ca

Card Holders Name

Address

Address

Card Number

Expiry



**CANADIAN • CROATIAN
CHAMBER OF COMMERCE**

Together, we make success!