



# REGISTRATION

Please email this form to [info@mycspn.com](mailto:info@mycspn.com).

<b>Registrant Information</b>		<b>Public Sector</b>	
Full Name:			
Title:			
Company Name:			
Business Phone:	Ext.		Cell:
Email Address:			
Company Address:			
City:	Province/State:		
Postal/Zip Code:	Country:		

<b>Membership Package Type (please check):</b>				
<i>Cost in Canadian Dollars + HST</i>				
<b>Individual</b>	<b>Corporate</b>			<b>Vendor</b>
	<b>Bronze</b>	<b>Silver</b>	<b>Gold</b>	
\$250 + HST	\$995 + HST	\$1,495 + HST	\$2,100 + HST	\$2,500 + HST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Cheque**

Please make cheques payable to “Customer Service Professionals Network”  
and mail to the attention of:

“Customer Service Professionals Network”  
25 Royal Crest Court – Suite 201  
Markham, ON L3R 9X4



## ONE TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize **CSPN** to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

### PLEASE COMPLETE

Company Name:				
Cardholder Name:				
Card Number:				
Payment Option: (please check)	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Mastercard
Expiration Date:			CVV (digits on the back of the card):	
Total Amount (before tax):				
Signature:			Date:	

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

I, the undersigned person, have read and agree to abide by the CSPN Member Code of Conduct. I understand that violations of the CSPN Member Code of Conduct may result in the termination of my/organization's membership.

Agree to the terms of **CSPN's Code of Conduct**

Please email to [info@myCSPN.com](mailto:info@myCSPN.com). Call us if you have any questions – 905-477-5544.

**Thank you!**