

Griffin Centre Registration Form



INSTRUCTIONS: Click in field to type. Print and fax to 604-998-0217. Keep printed copy for your records.

Personal Information		
Full Name		
Phone 1	Phone 2	E-mail
Home Address		
Business Information		
Company Name		
Phone 1	Phone 2	E-mail
Company Address		
Credit Card Information (in lieu of deposit)		
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Debit Card
Name as it appears on card		
Credit Card Number		Expiry Date (MM/YY)
Associates and/or Employees		
Full Name		
Phone 1	Phone 2	E-mail
Full Name		
Phone 1	Phone 2	E-mail
Full Name		
Phone 1	Phone 2	E-mail
Facility Information		
Which of our services would you like to use? (Check one below)		
<input type="checkbox"/> Office Rental	<input type="checkbox"/> Meeting Room Rental	<input type="checkbox"/> Boardroom Rental
<input type="checkbox"/> Gourmet Kitchen Rental	<input type="checkbox"/> Administration Services	

Signature

Date