

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		E-mail
Phone 1	Phone 2	Fax
Home Address		
Business Information		
Company Name		E-mail
Phone 1	Phone 2	Fax
Company Address		
Credit Card Information (in lieu of deposit) Visa Mastercard		
Name as it appears on card		
Credit Card Number		Expiry Date (MM/YY)
Associates Able to Charge Services to Your Account		
Full Name		E-mail
Phone 1	Phone 2	Fax
Full Name		E-mail
Phone 1	Phone 2	Fax
Full Name		E-mail
Phone 1	Phone 2	Fax

Signature

Date