

Cardholder / Billing address _____
_____ Postcode _____

Signature _____ Date ____ / ____ / ____

APPLICATION DETAILS - if attending with guests please photocopy and complete this form

Title _____ First name _____ Surname _____

Your job title _____

Company name _____

Company address _____

_____ Postcode _____

Email _____

Telephone _____

Fax _____

Description of business (for guest list) _____

Please indicate if you have any special requirements e.g. access, dietary or information in an alternative format _____

To view all our events please visit londonchamber.co.uk/events

PRIVACY AND DATA PROTECTION

We are committed to protecting your privacy and will only use the information we collect about you in accordance with the reasons stated when we collect the information. The information supplied by you will be held on the database by London Chamber of Commerce and used to notify you of future events and services

If you do **NOT** want your information to be used for the following purposes please put a **CROSS** in the box(es) provided:

- Your name, job title, company and business activity will be displayed on the printed guest list.
- Your full contact details may be shared with an external sponsor of the event who may contact you about their services.
- You will be added to the London Chamber of Commerce's Event mailing list