



Member Event Registration Form

Please edit and email to info@7x24canada.ca

Full Name: _____

Company: _____

Event (Name / Date): _____

Please indicate your type of membership:

- Corporate End-Users
- Consultants
- Students/Academics
- Vendor Organization
- Other: _____

Additional Comments (not mandatory):

I'm interested in seeing a presentation on: _____

I'm interested in giving a presentation on: _____

**For any other requests, please contact: info@7x24canada.ca | (416) 868-1933*