



EXECUTIVE TABLE PACKAGE

Please fax your accomplished form attention to **Ms. Kamyrr Catapang** at 759.6690 or 845.1395 or email kamyrr.catapang@eccp.com

NO. OF TABLES

TABLE NUMBER

Company Name: _____

Billing Address: _____

Contact Person: _____ Designation: _____

Telephone No./Fax No. _____ Email Address: _____

ATTENDEES:

NAME	DESIGNATION	EMAIL ADDRESS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

PAYMENT REMINDERS:

- Payments may be made by cash, cheque or bank deposit. To ensure you are registered, you must send your bank deposit slip to: kamyrr.catapang@eccp.com or fax 759.6690 or 845.1395.
- Table reservation is on "First come, first served" basis only.
- Please make check payment to ECCP.
- "No Shows" will be billed at full cost.
- Cancellations should be made at least 48 hours before the event.