

## Associate Partnership 2020

Company name:	
Address:	
Postcode: Tv	witter handle(s):
Tel:	e-mail:
Head Office Address:	
Nature of the Business: (please tick as appropriate)	
☐ Training Provider	
Recruitment	
☐ Property Agent	
☐ Consultancy	
☐ Charity	
☐ Media	
☐ Supplier: (please specify product)	
☐ Other (please specify):	
Signature:	Job title:
I would like to join Contact Centre Network NI Ltd and be kept informed of events within the sector.	
	and se hepermyonned by events whim the sector.
Surname:	Forename:
e-mail:	Tel:
Please invoice me for the following amount: (tick as appropriate)	
Organisations with 1-9 employees - £650 +VAT per annum	
Organisations with 10+ employees - £1200 +VAT per annum	

Return: On completion please email this form to info@ccnni.com