



Canadian Institute of Plumbing & Heating  
L'Institut canadien de plomberie et de chauffage

A National Voice with Regional Roots | Une histoire régionale, une voix nationale

CIPH BC Region

## **18<sup>th</sup> Annual CIPH BC Christmas Luncheon Social** **Open to all members, spouses & guests**

(Guests / those eligible for membership with CIPH)

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**WHEN:** **Thursday, December 6, 2018**  
**TIMES:** **11:15 a.m. – No-Host Reception**  
**12:30 p.m. – Luncheon**  
**2.30 p.m.**  
**LOCATION:** **Northview Golf & Country Club**  
**6857 168<sup>th</sup> Street, Surrey, BC**



***Register early as this is one of our most popular events!***

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CIPH BC would like to welcome you to our 18<sup>th</sup> Annual Christmas Luncheon. During the event, there will be a large prize **raffle** with the proceeds going to the CIPH BC education bursaries. **\$5.00** per registration will be donated to the Greater Vancouver Food Bank.

Back by Popular Demand - We will be hosting a **Fun Christmas Event**. To partake in this event, each participant is to **bring a gift wrapped unisex present** / minimum value of \$20.00 (If you are bringing a gift card please wrap in a gift bag or box).



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**Please complete and fax this form by November 30<sup>th</sup> to:**  
**CIPH BC Region Coordinator:**  
**Kathryn Kubossek at 604-594-5091 or e-mail [bc@ciph.com](mailto:bc@ciph.com)**



Name: \_\_\_\_\_ Company: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any dietary concerns: \_\_\_\_\_



**CANCELLATIONS:** Prior to November 30<sup>th</sup> for full refund and no penalty  
**Registration: \$60.00 per person**

\_\_\_\_\_ E-mail: \_\_\_\_\_ [ ] Table of 8

Name of Guest(s): **PLEASE PRINT CLEARLY FOR NAME BADGE PURPOSES**

Name	Company Name

**TOTAL \$** \_\_\_\_\_

**PAYMENT METHOD:**

**Cheque** or M/O payable to CIPH BC Region (CHEQUE MUST BE RECEIVED PRIOR TO NOVEMBER 30<sup>th</sup>).  
Mail your cheque & form to: CIPH BC, PO Box 73105, Evergreen RO, Surrey, BC V3R 0J2

**Credit Card** – Fax or mail to office:  Visa  Mastercard

Expiry Date: Month \_\_\_\_\_ Year \_\_\_\_\_ CVV: \_\_\_\_\_

Receipts will  
be provided  
electronically

Credit Card Number: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_