



LAKESIDE BUSINESS ASSOCIATION

ENTRY FOR BREAKFAST MEETING AND EXHIBITION

1. Name of Company: _____

2. Business Type: _____

3. Address of Business: _____

4. Tel: _____ Email: _____

Name of Contact Person: _____

5. Tel: _____ Email: _____

DATE: _____

SIGNATURE: _____

FOR OFFICIAL USE ONLY

Entry Fee Ghs 60.00

APPROVED:

Executive Secretary

Notes: _____