

# REGISTRATION 2010

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If you have not registered with us during the last year please complete this form and send it:

**BY FAX to: 01375 370436**

**BY POST to: GCCD, 13 Premier Avenue, Grays, Essex RM16 2SB**

**OR REGISTER ONLINE at: [www.gcmagazine.co.uk](http://www.gcmagazine.co.uk)**

TITLE: Mr.  Mrs.  Miss  Ms.  Other  (Please specify)

FIRST NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

COMPANY MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POSTCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

e-mail \_\_\_\_\_

**Is your business mainly:**

- 1 Electrical Retail (Multiple)
- 2 Electrical Retail (Departmental Store)
- 3 Electrical Retail (Independent)
- 4 Kitchen Specialist/Designer
- 5 Manufacture/Supply of Electrical Goods
- 6 Distribution or Wholesaling of Electrical Goods
- 7 Electrical Goods Repair and/or Servicing
- 8 Supply of Services to the Electrical Industry
- 9 Contract build/appliance specifier
- 10 Other (please specify)

\*Please circle the number(s) which best describe your business

**Is your business mainly concerned with:**

- 1 All Electrical Goods (Consumer Electronics, Major Appliances and Small Appliances)
- 2 Consumer Electronics only
- 3 Major Appliances ("White Goods" & Floorcare) only
- 4 Small Appliances only
- 5 Other (please specify)

\*Please circle the most appropriate number(s)

**What is your job title and main job function:**

**Job Title** \_\_\_\_\_

- 1 Owner or Proprietor of the business
- 2 Managing Director, Director, Chief Executive of the business
- 3 Shop or Department Manager
- 4 Sales or Marketing
- 5 Product Development
- 6 Service/Repair
- 7 Purchasing
- 8 Finance
- 9 Other (please specify) \_\_\_\_\_

\*Please circle the number(s) which best describe your function

**Not valid unless completed**

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Signed \_\_\_\_\_

Date \_\_\_\_\_

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