**Key Contact Form**

(Fields marked with \* are compulsory)

|  |  |
| --- | --- |
| **Membership Contact\*** | |
| Name |  |
| Contact Number |  |
| Email |  |
| **Invoicing Contact\*** | |
| Name |  |
| Contact Number |  |
| Email |  |
| **NGGV Contact (\*For Retailers Only)** | |
| Name |  |
| Contact Number |  |
| Email |  |
| **Advertising Contact** | |
| Name |  |
| Contact Number |  |
| Email |  |
| **Training Contact** | |
| Name |  |
| Contact Number |  |
| Email |  |

Please complete and email or send back through the post to the HTA – [services@hta.org.uk](mailto:services@hta.org.uk)