**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