



Trip Seminar 2024

CLUB REGISTRATION FORM

PLEASE TYPE OR PRINT LEGIBLY THROUGHOUT

(Club information provided will be listed in the seminar booklet.)

Club _____

President's Name _____

Address _____

City/State/Zip _____

Phone Number _____

E-mail _____

Above info will appear in the Trip Seminar booklet and is needed by April 15th. Contact me by mail or e-mail.

Name of Club: _____

Contact: _____ Phone Number: _____

INDIVIDUAL ATTENDING

POSITION HELD (BE BRIEF)

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\$35 per person early registration before April 8th. \$40 per person after April 8th.

RETURN THIS FORM AND PAYMENT NO LATER THAN APRIL 15, 2024.

Make check payable to CMSC-Trip Seminar. MAIL TO: CMSC-TRIP SEMINAR Club Registration
c/o C-J Motisi, 630 Rees Street, Hinckley, IL 60520 E-mail: cj.cmssc@gmail.com

FINAL REMINDER: DO NOT MAIL TO THE CMSC P.O. BOX