



Trip Seminar 2025

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 September 15th. Contact me by mail or e-mail.

Name of Club: _____

Contact: _____ Phone Number: _____

INDIVIDUAL ATTENDING

POSITION HELD (BE BRIEF)

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	

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

RETURN THIS FORM AND PAYMENT NO LATER THAN September 15, 2025. Make check

payable to CMSC. 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