



Northeastern Wisconsin Chapter of CFMA

January 15, 2019 Meeting

MEMBER INFORMATION

Name _____ Company _____

Title _____ Email _____

GUEST INFORMATION

Guest(s) I will bring to this event:

Name _____ Company _____

Title _____ Email _____

Name _____ Company _____

Title _____ Email _____

Name _____ Company _____

Title _____ Email _____

All non-members are subject to a \$20.00 guest fee, payable in advance. Cash and check are accepted.

Return completed form to CFMA Chapter Administrator, Michelle Weiss, via email: michelle@mwcommunications.org