

# Monthly Trade Bureau Meeting

## REGISTRATION FORM

*Name* \_\_\_\_\_

*Telephone No.* \_\_\_\_\_ *FAX No.* \_\_\_\_\_ *E-mail Address* \_\_\_\_\_

*Industry Spoke* \_\_\_\_\_

Choose the Industry that Most Closely Fits Your Business or Profession

Real Estate and Construction

Public Relations/Advertising/Media

Automotive

Food Services

Financial Services

Professional Services

Manufacturing/Retail