Event Registration Form

Date: _____

Event Name: _____

Those Attending:

Name: _____ Member: ❑ Yes ❑ No

Name: _____ Member: ❑ Yes ❑ No

Name: _____ Member: ❑ Yes ❑ No

Name: _____ Member: ❑ Yes ❑ No

Company: _____

Address: _____

Address (con't): _____

City, State Zip _____

Phone: _____ Fax: _____

Email: _____

Payment by: ❑ VISA ❑ M/C ❑ Discovery

Account # _____ Exp Date _____

V Code (Security Code) _____

or

Enclosed is my check for $ _____for_____person(s)
No Refunds.
Make check payable to: Metuchen Area Chamber of Commerce
323 Main Street Suite B, Metuchen, NJ 08820
732.548.2964 / 732.548.4094 fax
mailto:metuchen.chamber@verizon.net