



2019 REGISTRATION FORM

Name of Business _____ Phone Number _____

Address _____ City _____ ZIP _____

Payment info: Check CC

CC Number: _____ Exp. _____ Billing Zip Code _____

Email for Receipt: _____

ATTENDEES

**Check if needing CPE CLE SHRM and/or HRCI (unknown at this time) credits.

- 1. _____ E-MAIL: _____
2. _____ E-MAIL: _____
3. _____ E-MAIL: _____

ABC Clinic Information:

Date:
June 4th, 2019
Registration at 7:30, Course runs 8-5

Location:
Best Western Plus—Gran Tree
1325 N. 7th Ave, Bozeman, MT 59715

Cost: \$45 Chamber members, \$60 Non-members

Lunch will be served as well as coffee and snacks.

For questions or more info, please contact:

Bozeman Chamber of Commerce
2000 Commerce Way
Bozeman, MT 59715
(406) 586-5421
info@bozemanchamber.com

