

CSMFO CHAPTER MEETING FORM

CHAPTER MEETING EVENT	
CHAPTER:	DATE OF EVENT:
TITLE OF LOCATION:	ADDRESS:
LOCATION CONTACT:	
PHONE: EMAIL:	
TOPIC TITLE:	
TOPIC TITLE #2:	
SPEAKER:	
SPEAKER:	
REGISTRATION FEE:	REGISTRATION DEADLINE:
SPECIAL NOTES: (Speaker Bios, Topic Description, Joint Meeting Info, Special Pricing, etc. We encourage you to be brief with all additional content)	
DOES IT QUALIFY FOR CPEs? NO YES # of CPEs:	
EVENT CONTACT, PHONE & EMAIL:	

Please email this form to amanda.smith@staff.csmfo.org and within 24 hours you will receive the customized flyer to distribute to your members.

