

CMCA EXAM STUDY GROUP

COFFEE

& CRAM

9:00 AM - 1:00 PM

MONDAY

SEPTEMBER

**CAI-NJ HEADQUARTERS
500 HARDING ROAD
FREEHOLD, NJ 07728**

19TH

REGISTRATION FORM

NAME/ DESIGNATION: _____

COMPANY/FIRM: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

QUESTIONS? EMAIL LAURA O'CONNOR AT LAURA@CAINJ.ORG OR CALL (609) 588-0030

RETURN REGISTRATION FORM TO: LAURA O'CONNOR AT LAURA@CAINJ.ORG OR FAX (609) 588-0040

**BREAKFAST & LUNCH WILL
BE SERVED. FREE FOR CAI-NJ
MANAGER MEMBERS WHO
HAVE SUCCESSFULLY
COMPLETED THE M-100 CLASS**

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