

CMCA EXAM STUDY GROUP

COFFEE

& CRAM

9:00 AM - 1:00 PM

THURSDAY

AUGUST 25TH

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

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 M-100 CLASS**

NEW JERSEY CHAPTER
community
ASSOCIATIONS INSTITUTE

