## 

## PARMA \_\_\_\_\_\_\_Chapter

Presents

# EVENT NAME

We have a great program shaping up, please join us!

### Select Event Date(S)

### Insert Event Times

**Topics Include:**  
Continuing education (CE) certificates are available for this event.

* Topic One
* Topic Two
* Topic Three

### Registration Fees:

**•** FREE to Public Entity Employees

**•** $\_\_\_\_ – Associate Members

**Registration Information:**

Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entity/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RSVP to: Contact Name / Contact e-mail / Contact Phone.

### Send Payment to PARMA:

**Contact Name**

**Address**

**City, State Zip**