

Networking Breakfast

CCIM SAN DIEGO HOSPITALITY INDUSTRY OUTLOOK

MAY 7, 2014

FAX REGISTRATION FORM

Fax to 858.430.3178

Name:		
Company:		
Phone:		
E-mail:		
Number of Members:		X \$40 = \$
Number of Guests:		X \$60 = \$
Table of 8:		X \$300 = \$
		Total = \$
Member(s) and Guest(s): (please print)		
Name:	Company:	E-mail:

Send checks to:

CCIM San Diego Chapter
3830 Valley Centre Drive, #705-711
San Diego, CA 92130
Ph: 858.539.5596
Fax: 858.430.3178
E-mail: earnst@ccimsandiego.com

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San Diego Chapter

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