



COMMITTEE REGISTRATION FORM

Name: _____

Affiliation/Organization: _____

Cell phone: _____ Home phone: _____

E-mail Address: _____

Home Address: _____

Committee you are registering for: _____

Would you like to be the committee chair: Yes or No

Days you are most available to meet:

Monday Tuesday Wednesday Thursday Friday Saturday

Time you are most available to meet:

Morning Afternoon Evening Any specific times: _____

Questions: Call (773) 685-9300 or e-mail: ed@sixcornerschicago.com

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