



2024 CMI CONFERENCE

NASHVILLE, TENNESSEE

October 7-10

ATTENDEE NAME: _____ TITLE: _____

AGENCY: _____

ADDRESS: _____ STATE _____ ZIP _____

PHONE: _____ EMAIL: _____

****PLEASE LIST ABOVE ONLY THE PERSON WHO WILL BE ATTENDING THE CONFERENCE.
ADDITIONAL CONTACT INFORMATION CAN BE LISTED BELOW.**

CONTACT NAME: _____ EMAIL: _____

Please Circle which days you plan to attend: M-10/7 T-10/8 W-10/9 T-10/10

Please Circle Meals for each day: M-10/7 (Reception), T-10/8 (B/L/D), W-10/9- (B/L/D), T-10/10- (B)

Please pay by: Check#: _____ or

CREDIT CARD:NO: _____ EXP: _____ CV2: _____

NAME ON CARD: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

**THE HOST HOTEL WILL BE ANNOUNCED IN THE NEAR FUTURE. STAY
TUNED BY GOING TO THE CMI WEBSITE FOR MORE INFORMATION.**

WWW.CMICJA.COM

SEND COMPLETED REGISTRATION TO CMICJA1994@GMAIL.COM