



2024 CMI CONFERENCE

AFFILIATE MEMBER/EXHIBIT FORM

Nashville, Tennessee

October 7-10

AFFILIATE MEMBER NAME: _____

COMPANY: _____

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: _____

RENEW MEMBERSHIP FOR 2024 AND ATTEND WITHOUT A BOOTH RENEW	\$1,500.00	<input type="checkbox"/>
MEMBERSHIP AND ATTEND WITH A BOOTH (includes 1 attendee)	\$2,000.00	<input type="checkbox"/>
ADDITIONAL ATTENDEE _____	\$ 250.00	<input type="checkbox"/>
	\$ 250.00	<input type="checkbox"/>

TOTAL \$

INTERESTED IN SPONSORING AN EVENT: ___ YES ___ NO

INTERESTED IN PROVIDING RAFFLE PRIZES: ___ YES ___ NO PRIZE: _____

PAYMENT METHOD CHECK# _____ CREDIT CARD NO: _____

EXP: _____ CV2: _____

NAME ON CARD: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FOR HOTEL RESERVATIONS GO TO THE CMI WEBSITE AT WWW.CMICJA.COM

SEND COMPLETED REGISTRATION TO CMICJA1994@GMAIL.COM