

Attendance Registration Form

Full Name :				
Group/Business Name:				
Email Address:				
Phone Number:				
Select your reservation:		Quantity		
Table (up to 8 people) - \$100	X		=	\$
Individual - \$15	X		=	\$
			Total	\$
Please send an invoice	Chee	ck enclosed		

Please make payment to Chariton Area Chamber/Main Street, 104 N. Grand Street, P.O. Box 735, Chariton, IA 50049. For questions, call (641) 774-4059 or email director@cacmsia.com.

