



Celebrating 20 Years of Service

GOLF CLINIC REGISTRATION FORM

Please register by Tuesday, May 1, 2018

REGISTRATION FEE (Per Person): \$175.00 (includes registration bag, continental breakfast, workshop, interactive clinic, customized handbook, certificate of participation and lunch)

NUMBER OF REGISTRANTS: _____

TOTAL AMOUNT DUE: \$ _____

NAME: _____ **COMPANY:** _____

ADDRESS: _____ **CITY/STATE/ZIP:** _____

PHONE: _____ **EMAIL:** _____

PAYMENT AMOUNT: \$ _____ ☐ **CHECK** (Payable to: "African American Chamber of Commerce") **CREDIT CARD** ☐ **AMEX** ☐ **MASTERCARD** ☐ **VISA**

CARDHOLDER NAME: _____ **CARD NUMBER:** _____

EXPIRATION DATE: _____ **CSC or CVV:** _____

ATTENDEE NAMES – PLEASE NOTE ANY DIETARY RESTRICTIONS (IN PARENTHESIS):

1. _____
2. _____
3. _____
4. _____
5. _____

PLEASE SEND COMPLETED FORMS TO:

AFRICAN AMERICAN CHAMBER OF COMMERCE OF WESTERN PENNSYLVANIA, 436 SEVENTH AVENUE, SUITE 2220, PITTSBURGH, PA 15219 OR FAX TO: 412-392-0612

QUESTIONS? CALL: 412-392-0610

THANK YOU FOR YOUR SUPPORT