



Cloquet Area Chamber of Commerce

**Turn Knowledge into Action  
Leadership Training Program**

September 2011 – February 2012

**Registration Form**

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**Full Name**

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**Business Address**

**City**

**ST**

**Zip**

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**E-Mail Address**

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**Business or Organization Name**

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**Phone Number**

**Fax Number**

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\$360 for Cloquet Area Chamber of Commerce members, \$500 for non-members

**Payment Method:**

Please send me an invoice

I will send in a check or money order

I will pay via credit card:

o Name on Card: \_\_\_\_\_

o Card Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

o 3 digit Security Number (on the back) \_\_\_\_\_

o Billing Zip Code: \_\_\_\_\_

o Expiration Date: \_\_\_\_/\_\_\_\_

**Return completed form to:**

**Cloquet Area Chamber of Commerce, 225 Sunnyside Drive, Cloquet, MN 55720**

**[chamber@cloquet.com](mailto:chamber@cloquet.com), (218) 879-1551 or fax (218) 878-0223**

**THE DEADLINE FOR SUBMITTING THE REGISTRATION IS AUGUST 26, 2011**