

EVENT REGISTRATION FORM

Use this form only if you are paying by check.
To pay by credit card, register online at www.hcba.org.



EVENT DETAILS

Section or Committee: _____

Event Title: _____

Event Date: _____

PRIMARY CONTACT

Contact Name: _____

Email: _____

Firm Name: _____

Phone: _____

ATTENDEES

Name: _____

Email: _____

Fee: _____

ATTENDING in person remote

DIETARY RESTRICTION none vegan vegetarian gluten free

Name: _____

Email: _____

Fee: _____

ATTENDING in person remote

DIETARY RESTRICTION none vegan vegetarian gluten free

Name: _____

Email: _____

Fee: _____

ATTENDING in person remote

DIETARY RESTRICTION none vegan vegetarian gluten free

Name: _____

Email: _____

Fee: _____

ATTENDING in person remote

DIETARY RESTRICTION none vegan vegetarian gluten free

Name: _____

Email: _____

Fee: _____

ATTENDING in person remote

DIETARY RESTRICTION none vegan vegetarian gluten free

PAYMENT

Total Due: _____

Check enclosed (made payable to HCBA)

Mail form and payment to: HCBA, 600 Nicollet Mall, Suite #390, Minneapolis, MN 55402