Chamber of Commerce Partnership

Deadline: Bring to the State Career Development Conference Onsite Registration February 21, 2010.

R

Chapter: _____

Advisor: _____

Chapter President: _____

Chamber Staff Contact: _____

Chamber Volunteer Contact: _____

Date Partnership Established: _____

Chamber Phone Number: _____

Please briefly describe the scope of your Chamber of Commerce Partnership:

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Chapter Advisor Signature: _____

Chapter President Signature: _____

Chamber Official Signature (required): _____

Chamber Official Name (printed): _____