

PLEASE PRINT AND FILL OUT THIS FORM.
PLEASE EMAIL MALLEN@MINNEAPOLISCHAMBER.ORG FOR INFORMATION.

The Partnership

Creating connections for relocated professionals of color

Registration Form

Full name: _____ (preferred name): _____

Company: _____

Title: _____

Address: _____

Phone: (____) _____ Email: _____

Date of relocation to Minneapolis-St. Paul: _____

Transferred to Minneapolis-St. Paul from: _____

Length of employment at current company: _____

Ethnicity: African American Latino Asian Native American Other _____

Current community involvement/issues of interest: _____

Please submit your current resume.

PAYMENT: Please attach a check for \$2,000 payable to Minneapolis Chamber Foundation or fill out the following credit card information and fax it to 612.370.9195. Non member rate is \$2,500.

Credit Card Information:

Name as it appears on Credit Card: _____

Please Check Type of Credit Card:



Credit Card Number: _____ 3 digit code on back _____

Expiration Date: _____ Signature: _____

SEND APPLICATION TO:

Minneapolis Regional Chamber of Commerce
81 South 9th Street, Suite 200 Minneapolis, MN 55402
OR FAX TO: **612.370.9195**