



Guest Registration Form

Date _____

Name _____

Business Name _____

Address _____

City, State, ZIP _____

Business Phone _____

E-mail Address _____

Description of what your company does _____

<input type="checkbox"/> 1 st Time Guest
<input type="checkbox"/> 2 nd Time Guest
<input type="checkbox"/> 3 rd Time Guest
<input type="checkbox"/> Electronic Follow Up Sent?
How did you hear about AmSpirit?
<input type="checkbox"/> Advertisement (which one) _____
<input type="checkbox"/> From Current Member (Member Name & Chapter) _____
<input type="checkbox"/> Other (Specify) _____

Have you ever belonged to a networking group before? Yes No

Did the group work for you? Yes No

If yes, what did you like about it? _____

If no, why? _____

You will be asked during the meeting to introduce yourself and tell what it is your company does and what would be a good lead/tip for you. Please limit this to 30 seconds. Please feel free to pass your business cards out during the meeting.

Note: This form was contributed by Earl Phillips & Gina Weisenbarger, Central Ohio Area Directors.