



CITIH

Please fill out the following information and enclose a check for \$150 per participant. Make the check out to CITIH and mail it to:

660 Ackerman Rd
Suite 629A
Columbus OH 43202
(614) 293-2911

First Name _____

Last Name _____

Organization _____

Title _____

Email _____

Address _____

Address 2 _____

City _____

State _____

Zip _____

Have you attended a CITIH event in the past?

What future topics would you like to see covered?