



San Diego Chapter

GENERAL CHAPTER MEETING

REGISTRATION FORM

Date of Meeting _____

Name _____

Phone _____ Email _____

Meal Choice _____

San Diego Chapter member? (circle) YES NO

Fee enclosed _____ Check No. _____

OR Charge credit card:

Name on card _____

Billing address _____

Card type (circle) Visa Master Card American Express

Card number _____ Exp. Date _____

CCV Code _____

- ✓ If paying by check, please make your check payable to “San Diego Chapter of the Appraisal Institute”. Mail your check along with this completed registration form to San Diego Chapter of the Appraisal Institute, 4849 Ronson Court, Suite 102, San Diego, CA 92111.
- ✓ If paying by credit card, mail this completed registration form to the above address, or fax to (858) 292-7333, or email to patti@sdcai.org.
- ✓ Questions? Email patti@sdcai.org, or call (858) 292-7324.