

Name \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Type of Business \_\_\_\_\_

Area(s) of Interest to Students  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate how many students you would be able to accommodate:

\_\_\_\_\_ Students – Morning Only

\_\_\_\_\_ Students – Afternoon Only

\_\_\_\_\_ Students – Full Day

In appreciation for your participation, would you like your business name mentioned as a Pro-Am Day participant at the October 21 speaker event?

\_\_\_\_\_ Yes \_\_\_\_\_ No



**Thank you for your participation!**

**Please return by Friday, September 19:**

Teri Metz  
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West Fargo, ND 58078

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