

March 20, 2014 5:30-7:00pm Cask Republic 191 Summer street Stamford, CT

NAME:		
Company: _		
Email:	Phone:	
	\$25.00	
	I will be bringing with me:	
Name:		
Company:		
Email:	Phone:	
	\$25.00	
Credit card #	exp:	
	Amount: \$	
Signature:		
Check #	Amount: \$	

Register online at: www.naiop-ctny.org

Fax to: 860-286-0787
Mail to: NAIOP CT/NY, PO Box 30, Bloomfield, CT 06002