



PLANNING COMMITTEE MEMBERSHIP APPLICATION

RETURN TO: seattletraindayevent@usa.com

NAME/ADDRESS

Last		First:	Middle Initial:	
Address:				
City:	State:	Zip:	Telephone:	
OFFICAL USE			Date of Birth:	

EVENT PLANNING HISTORY

Event:	Job Title:
Address:	Duties:
City:	State: Zip:
Phone:	Salary
Date From:	Date To:
Event:	Job Title:
Address:	Duties:
City:	State: Zip:
Phone:	Salary
Date From:	Date To:

REFERENCES

Name	Occupation
Address:	Relationship
Phone Number:	Years Known:
Name	Occupation
Address:	Relationship
Phone Number:	Years Known:

Description of your expertise that you will bring to this committee:

Email: _____

Signature

Date