



NUCARI Membership Meeting- RSVP Form

Company Name: _____

Company Contact Person: _____

Contact Phone: _____

_____ Number of Attendees @ \$65.00 per Person

Names of Attendees: _____

Please return this form with payment. RSVP and payment must be received in advance of the event.

NUCARI * PO Box 881, Greenville, RI 02828 * 401-525-8364 * Leadership@nucari.com