



## *Business Registration Form*

Business Name \_\_\_\_\_

\_\_\_\_\_

Business Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_

Number of Registrants \_\_\_\_\_

Date of Program Requesting \_\_\_\_\_

Job Titles of Participants

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This business is a member of the Cherokee Chamber of Commerce.

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

No, but we would like someone to contact us about joining. \_\_\_\_\_

Please attach and a list of the names of those expected to participate and return to the office below.

*Thank you for your interest,  
Darlene Waycaster  
Executive Director  
828-497-6700  
828-497-7803 (fax)*

Cherokee Chamber of Commerce, PO Box 1838, Cherokee, NC 28719  
[www.cherokeesmokies.com](http://www.cherokeesmokies.com); e-mail: [Darlene@cherokeesmokies.com](mailto:Darlene@cherokeesmokies.com)