



TAM® Seminar Registration



Date of Seminar _____ Instructor: _____
NAME PHONE OR EMAIL

Location: _____
ESTABLISHMENT NAME CITY

MAIL TAM® CARDS TO: Instructor Each Establishment Other – Explain on back

NAME	ESTABLISHMENT NAME	MAILING ADDRESS FOR ESTABLISHMENT	MANAGER	ANSWER SHEET #
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FAILURE TO COMPLETE THIS FORM CORRECTLY MAY DELAY YOUR CERTIFICATION CARDS

NAME	ESTABLISHMENT NAME	MAILING ADDRESS FOR ESTABLISHMENT	MANAGER	ANSWER SHEET #
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