



Leads Groups Application

Name: _____ Date: _____

Company/Organization: _____

Title: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone: () _____ Cell Phone: () _____

Email: _____

Website: _____

ONE specific industry category you'd like to represent: _____

Other industry categories: _____

Have you participated in a leads/referral group before?

Leads Group interested in participating:

- ___ Group 1: 11:30–12:30 at the Chamber
- ___ Group 2: 8:00-9:00 am at Cleveland University

Signature _____ Date _____

For office use only
___ Group assigned & Date _____
___ Payment rcvd
___ CCA group
Staff signature _____

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