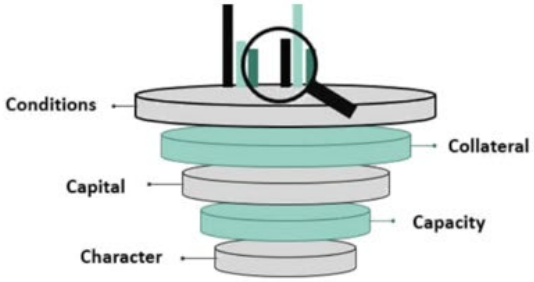
Risk Management Association
Minnesota Chapter



Credit Analysis Competition

REGISTRATION FORM: Due January 31st.

UNIVERSITY: _____

Professor/Advisor: _____ Cell #: _____

Cell #: _____ Email: _____ Allergy _____

Team Leader: _____ Cell #: _____

Email: _____ Food Allergy: _____

Team Member: _____ Cell #: _____

Email: _____ Food Allergy: _____

Team Member: _____ Cell #: _____

Email: _____ Food Allergy: _____

Team Member: _____ Cell #: _____

Email: _____ Food Allergy: _____

Please attach/submit completed form to RMAmn@outlook.com

SUSTAINING COMPETITION SPONSORS

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