



Visitor Sign-in Sheet

Welcome to today's BNI® meeting. In order for us to get to know you better, we ask that you supply the following information. Thank you for your interest in BNI®

Date:	Name:	Business Name:		
		Industry:		
Address:		Phone:	Circle:	Cell Work
City, Province, Postal Code:		Email:		
Circle One:		Current BNI Member?	Yes	No
Substitute For:				
Guest Of:		First Visit to this Chapter?	Yes	No
Comments:				

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After each meeting, the Visitor Host Follow Up Specialist enters this information in BNI Connect®.