

Rider Education Seminar Presentation Request Form

1. Chapter requesting seminar: _____

2. Contact person:
Name: _____
Address: _____
City, State, Zip: _____
Phone number: _____

3. Location where seminar is to be held:
Address: _____
City, State, Zip: _____
Phone: _____

4. Seminar requested:
 Co-Rider Seminar (Live)
 Co-Rider Seminar (2002 video)
 Road Captain (Riding portion is suspended by GWRRA)
 Motorcycle Crash Scene Response
 Motorcycling for the Mature Rider

5. Number of participants: _____

6. Requested date of seminar:
1st choice: _____
2nd choice: _____
3rd choice: _____

Please complete form and return by mail or email to:

Steve Hatten
516 N. 12th
Pekin, IL 61554
s.hatten@insightbb.com

The contact person will be contacted as soon as possible with the arrangements.