

cc: Admin  
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MORRIS COUNTY  
ECONOMIC DEVELOPMENT CORPORATION  
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*a division of the Morris County Chamber of Commerce*

FACSIMILE TRANSMITTAL SHEET

TO: Mayor and Committee	FROM: Jamie Cullis
COMPANY: Township of Mount Olive	DATE: 3/3/2009
FAX NUMBER: 973-691-2080	TOTAL NO. OF PAGES INCLUDING COVER: 2
RE: 6 <sup>th</sup> Annual Morris County Municipal Summit	YOUR REFERENCE NUMBER:

URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE RECYCLE

NOTES/COMMENTS:

Please join the Morris County Economic Development Corporation (MCEDC), the County of Morris and the Morris County Chamber of Commerce at the **6<sup>th</sup> Annual Morris County Municipal Summit, Wednesday, March 18, 2009 from 5:00 – 8:00 p.m. at the NJ Foundation for the Blind, in Denville!**

Attached is a registration form for the event.

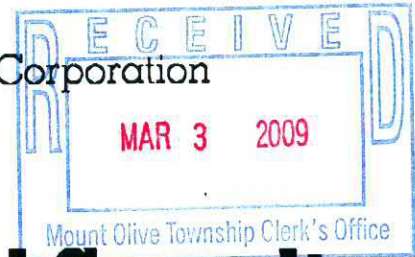
Hope to see you there!  
Jamie Cullis



The Morris County Economic Development Corporation

PRESENTS:

# The 6th Annual Morris County Municipal Summit



Wednesday, March 18, 2009, 5:00 p.m. – 8:00 p.m.

230 Diamond Spring Road, Denville, NJ 07834

Registration, Networking & Buffet: 5:00 p.m. - 6:00 p.m.

The Summit's Objective is to provide municipal leaders with ideas and tools that they can bring back and apply to specific issues and challenges confronting their local communities.

### TOPICS:

KEYNOTE SPEAKER: Joseph Doria, Commissioner, NJ Department of Community Affairs

#### PANEL DISCUSSIONS

How can your municipality implement Smart Growth principles?  
Affordable Housing & Your Community

### Registration

Pre-Register until March 11  
\$40 Per Person

Register via the web using a credit card at:  
<http://events.morrischamber.org>

Or, submit registration information via:

E-MAIL: [events@morrischamber.org](mailto:events@morrischamber.org)  
FAX: (973) 539-3960  
MAIL: 25 Lindsley Drive, Morristown, NJ 07960

Cancellations will be honored when received in writing a minimum of 2 business days before the event.

### REGISTRATION INFORMATION

Payment Method

Voucher  Check  
 American Express  Discover  MasterCard  Visa

Credit Card Number \_\_\_\_\_

Exp Date (MM/YY) \_\_\_\_\_

Name on Credit Card \_\_\_\_\_  
(if different from Attendee Name)

Attendee name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

