

Name:

Symposium Registration Form

Traverse City, Michigan | Saturday, November 8th

Patient Centered Medical Home Symposium
Saturday, November 8, 2014, 8:00 a.m. to 12:45 p.m.
Northwestern Michigan College's Hagerty Center | 715 East Front Street, Traverse City, MI
Registration Fee: \$45 per person – Due with Registration
\$40 per person with multiple attendees from the same organization

Title:

Organization:		
Mailing Address:		
City:	State:	Zip:
Telephone (with area code):	Email:	
Dietary Requirements: Please indicate if	f you have any special dietary	y requirements:
Special Assistance: Please indicate if you hearing impairment):	u require any special assistan	ce (e.g. wheelchair access, vision or
Registration Fee: If your organization is payment. \$45 single registration \$40 mu	. , , , , , , ,	nts, please include all names with the erson must fill out their own form)
To pay by check , please return this regist Consortium at 620 South Capitol Avenu Michigan Primary Care Association (MP description or memo line.	ie, Suite 310, Lansing, MI 489	33. Please make your check payable to the
Check here if paying by credit card the registration fee.	- A PayPal invoice will be sen	t to your email address with a link to pay

Please send registration form and payment no later than Friday, October 31, 2014. Fax: 517.484.2064 or contact June Castonguay, castonguay@mipcc.org: 517.484.0290 if you have any questions.