

2012 Annual Conference Registration Form



REGISTRATION INFORMATION - ADVANCED PAYMENT REQUIRED

First and Last Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Your professional license number: _____

(Required if applying for continuing education hours)

Name of Hospice or Business: _____

Email: _____ Phone: _____

(Email address must be clear)

Indicate if you plan on attending the following with YES OR NO

April 18, 2012 Wednesday Lunch ___ Scavenger Hunt ___

April 19, 2012 Thursday Breakfast ___ Lunch ___ Dinner ___

April 20, 2012 Friday Breakfast ___ Lunch ___

Conference Rates

Discounted Flat Rate for Members in good standing w MHPCO (Dues are current) **\$325.00**

Non-members: **\$450** **ADVANCED PAYMENT REQUIRED**

Home Health Aides **\$89.00** (Thurs & Fri) or **\$189** (full event)

Payment can be made via check or credit card Credit card payment: MasterCard VISA

Card #: _____ Exp: _____

Name on card: _____

Signature: _____

If paying by check, please make check payable to MHPCO and mail with form to:

MHPCO 12800 Escanaba Dr. Suite E, DeWitt, MI 48820

Fax completed form to - 517.668.6492