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**THE COUNCIL OF SOCIAL AGENCIES**

**OF HAMPSHIRE COUNTY**

**29TH ANNUAL BREAKFAST CELEBRATION**

**Friday, September 16, 2016**

**University of Massachusetts- Campus Center 11th Floor**

**Registration at 7:45 am, Breakfast at 8:00 am**

**Annual Meeting and Presentations at 8:30 am**

**Adjournment at 9:30am**

**Please reserve your place by Monday, September 9, 2016**

**Please email a scanned copy to** **cosahc@gmail.com** **and/or send with payment to:**

**COSA**

**PO Box 1334**

**Northampton, MA 01061**

**Individual/Organization Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COSA Member (please circle one):** Yes / No

**COSA Members:** $25.00 **Non-Members:** $30.00

\*\*Parking at the Campus Center garage is being generously donated by UMass, and passes will be distributed at the Breakfast

 \_\_\_\_\_\_ Check here if payment is being mailed separately.

Attendee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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To list additional names, please use the back of this sheet. Thank you.

**Total amount enclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Checks should be made payable to “COSA”.

Questions? Please email cosahc@gmail.com. Thank you!