REGISTRATION FORM

First Name:________________________________________________________________________________________________

Last Name:_________________________________________________________________________________________________

Organization:______________________________________________________________________________________________

Email Address:____________________________________________________________________________________________

Mailing Address:__________________________________________________________________________________________

City:________________ State:_______ ZIP Code:_______ Phone:__________________________________________

Social Work, LMHC, and Nursing CEUs are available for an additional $25 per person.

Yes, I would like to register for CEUs for (please circle one): Social Work / LMHC / Nursing

Would your organization like to have an exhibit table at the conference? YES____ NO_____

Do you have any dietary restrictions? If so, please explain.___________________________________________

Registration fees: Through May 4th, registration fees are $65 per person, or 4 for $200.

4: $200 8: $400 12: $600 16: $800 20: $1000

After May 4th conference fees increases to $90 per person.

Please note that Social Work, LMHC, and Nursing CEUs are an additional $25 per person.

If you are seeking CEUs, please specify which type.

Total number of attendees registered on this form:_________

Total registration fees (refer to pricing above):_________

CEU total (additional $25 per person):_________

Total:_________

If registering additional attendees from your agency, or partner agencies, please list all names and emails on the following page.

PLEASE MAIL THIS COMPLETED FORM AND A CHECK MADE PAYABLE TO MACA, TO OUR OFFICES: 14 BEACON ST. SUITE 420, BOSTON, MA 02108

QUESTIONS? PLEASE CONTACT JONATHAN MILLS AT 617-573-9800 OR jmills@machildrensalliance.org
2nd Annual MACA Statewide Conference
Healing, Hope and Justice; An Advanced Conversation
Wednesday May 23, 2012 from 8:30 AM to 3:30 PM EDT
Best Western Royal Plaza Hotel, 181 Boston Post Road West
Marlborough, MA 01752
REGISTRATION FORM

Please enter the name and email of additional attendees below. If the attendees would like to register for CEUs, please specify Social Work, LMHC, or Nursing (circle one).

Name: _____________________ Email: _____________________ CEUs: Social Work/LMHC/Nursing
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