

REGISTRATION FORM

2017 HEALTHCARE ADVOCACY DAY

Tuesday, Oct. 3, 2017 | Radisson Hotel Lansing | 111 N. Grand Ave., Lansing, MI 48933

Complete one form per registrant

Name: _____

Hospital/Organization: _____

Address: _____

Home Address Business Address

City/ZIP: _____ Phone: _____

Email (required): _____

\$25 registration fee must accompany registration form. Registration closes Sept. 15.

Check enclosed Charge my: Visa MasterCard

Account #: _____

Expiration: _____ CW: _____

Cardholder signature: _____

Printed cardholder name: _____

Cancellation policy: Cancellations made on or before Sept. 15 are eligible for full refunds. After that time, no refund will be issued; however, alternates may attend.

Submit completed form and payment to:

Michigan Health & Hospital Association
ATTN: Stacy Dowdy
110 W. Michigan Ave., Suite 1200 | Lansing, MI 48933
(517) 703-0614 (Fax)

Questions? Contact Stacy Dowdy at (517) 703-8648 or sdowdy@mha.org