

Registration Form**MHA Trustee Orientation
Sept. 26, 2017
8:30 a.m. – 3 p.m.
Country Club of Lansing**

Name: _____

Title: _____

Hospital: _____

Personal Mailing Address: _____

Email Address: (required to confirm) _____

Best phone number to reach you: _____

____ I will attend the MHA briefing only (8:30 – 10:30 a.m.)

____ I will attend the MHA briefing and the governance session (8:30 a.m. – 3 p.m.) for a fee of \$25.

____ I will attend the governance session (11 a.m. – 3 p.m.) for a fee of \$25.

Event Status: This session is open to MHA-member organizations only. Please notify Erica Leyko at the MHA if you must cancel your registration.**Event Registration:** The MHA briefing is free of charge. The registration fee for the governance session, *Being an Effective Trustee: Roles, Responsibilities & Leadership*, is \$25.**Make Check Payable To:** MHA Health Foundation**Mail Payment and Registration Form to:** Erica Leyko, MHA Health Foundation, 2112 University Park Drive, Okemos, MI 48864**Email Registrations:** eleyko@mha.org**Fax Registrations:** Fax completed registration form to (517) 327-4507.**Confirmations:** Confirmation of your registration will be sent within three weeks of our receipt of your registration form. Call Erica Leyko at (517) 323-3443 if you have not received confirmation three days before the event.**Questions:** Contact Erica Leyko at (517) 323-3443.

Total fees due and included on check: \$ _____ Check number enclosed _____

Total fees to be charged to: ____ VISA ____ MasterCard ____ American Express

Account number: _____

Exp. date: _____ CVV Code: (3- or 4-digit security number on back of card) _____

Cardholder name (please print): _____

Cardholder signature: _____

Brian Peters, Chief Executive Officer