

Michigan Health & Hospital Association 2017 Annual Membership Meeting
June 28 - 30, 2017 • Grand Hotel, Mackinac Island

Register online: www.mhaannual.org

REGISTRATION

Deadline: **May 26, 2017**

STEP ONE: YOUR INFORMATION (PLEASE PRINT CLEARLY) FEE \$760

First and Last Name: _____
(as you would like it to appear on name badge)

Title: _____

Organization: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

(Required to receive Grand Hotel Reservation Form)

The MHA Annual Membership Meeting is a private membership meeting. Attendance is open to MHA members, meeting sponsors and invited guests of the MHA. Please contact Clark Ballard, senior vice president, Member Relations and Education, with questions regarding membership.

STEP 1 TOTAL \$ _____

STEP TWO: SPOUSE/GUEST/CHILD AGE 18 AND OVER INFORMATION FEE \$250

First and Last Name: _____
(as you would like it to appear on name badge)

\$ _____

First and Last Name: _____
(as you would like it to appear on name badge)

\$ _____

STEP 2 TOTAL \$ _____

STEP THREE: CHILD AGE 17 AND UNDER INFORMATION NO FEE

First and Last Name: _____ Age: _____
(as you would like it to appear on name badge)

First and Last Name: _____ Age: _____
(as you would like it to appear on name badge)

First and Last Name: _____ Age: _____
(as you would like it to appear on name badge)

First and Last Name: _____ Age: _____
(as you would like it to appear on name badge)

Emergency Contact Name and Cell Number: _____

WEDNESDAY, JUNE 28 • 6 - 10 P.M.

Arts & crafts (ages 3-6) Number of children attending _____

Pool party (ages 7-10) Number of children attending _____

LED video wall games on the lawn (ages 11-14)..... Number of children attending _____

THURSDAY, JUNE 29 • 9 - 11:30 A.M.

Outdoor games (ages 3-6) Number of children attending _____

Fort Mackinac activities (ages 7-10) Number of children attending _____

Fort Mackinac activities (ages 11-14) Number of children attending _____

THURSDAY, JUNE 29 • 6 - 10 P.M.

Moana party (ages 3-6) Number of children attending _____

LED video wall games on the lawn (ages 7-10)..... Number of children attending _____

Pool party (ages 11-14) Number of children attending _____

STEP FOUR: ADDITIONAL PROGRAMS

Spouse/Guest Program • Thursday, June 29, 9:30 - 11 a.m.
Preregistration is required. Space is limited to the first 50 registrants.

Name: _____

Name: _____

FEE \$25 (nonrefundable)

\$ _____

\$ _____

ACHE Annual State Membership Meeting and Breakfast • Thursday, June 29, 7 - 8:15 a.m.
A breakfast buffet will be served. Preregistration is required.

Name: _____

Name: _____

FEE \$25

\$ _____

\$ _____

Government Relations Breakfast • Friday, June 30, 8:30 - 9:45 a.m.
A breakfast buffet will be served. Preregistration is required.

Name: _____

Name: _____

NO FEE

STEP 4 TOTAL \$ _____

STEP FIVE: LINKS FORE HEALTH GOLF OUTING

Space is limited. You may register only yourself and your spouse/guest.

Name: _____

Name: _____

FEE \$95

\$ _____

\$ _____

Cancellation: Registration fees less a \$50 per person cancellation fee are refundable if notice is given by June 10. **After June 10, no refund will be issued. Children under age 18 must golf with a parent.**

STEP 5 TOTAL \$ _____

PAYMENT INFORMATION

TOTAL ENCLOSED

Please add totals from Step 1 - Step 5

\$ _____

Indicate method of payment:

Check Enclosed (make checks payable to the MHA) Check # _____

Please Charge My: VISA MasterCard American Express

Card Number: _____ Expiration Date: _____ CVV: _____

Cardholder Name (please print): _____

Cardholder Signature: _____

- **Registrations** will not be processed unless accompanied by payment. No phone registrations can be accepted.
- **Mail payment** and registration form to: MHA Annual Meeting, Michigan Health & Hospital Association, 2112 University Park Drive, Okemos, MI 48864
- **Fax** registration form (credit card payment only) to: **(517) 327-4507**.
- You may also **register online** at **www.mhaannual.org**.
- **Cancellation:** Registration fees less a \$150 per-person cancellation fee are refundable if notice is given by **June 16**. No refund can be issued after this time. Registrants may send an alternate.
- **Special Needs:** If you have any special needs or concerns regarding the meeting site access or your participation in the meeting events, please call the MHA at (888) 413-2118. Your early inquiry will enhance our ability to respond to your individual needs.

I have made reservations at a hotel other than the Grand Hotel (please list) _____