

REGISTRATION FORM

MAAP Special Event
Friday, January 22nd, 2016

| |
|---------------------|
| For office use only |
| Date |
| Payment \$ |
| Check # |



Please PRINT or TYPE

Return registration form by the deadline of January 11th, 2016

Contact Person:

Facility: _____
 Address: _____
 City: _____
 Day Phone Number: _____

* If registration confirmation if desired, please contact Patti Utesch at e-mail address pattiutesch@catholichealth.net after January 14th, 2016



Please fill in the name(s) of attendee, Please Print Names, and circle membership status and sessions attending..

| | First Name | Last Name | Membership Status | Learning Circle | Learning Circle & Lunch | Lunch & Keynote | Full Day | Total |
|---|------------|-----------|-------------------|-----------------|-------------------------|-----------------|--------------|-------|
| 1 | | | MAAP Member | \$25.00 | \$40 | \$45 | \$60 | |
| | | | Non members | \$30.00 | \$45 | \$50 | \$70 | |
| 2 | | | MAAP Member | \$25.00 | \$40 | \$45 | \$60 | |
| | | | Non members | \$30.00 | \$45 | \$50 | \$70 | |
| 3 | | | MAAP Member | \$25.00 | \$40 | \$45 | \$60 | |
| | | | Non members | \$30.00 | \$45 | \$50 | \$70 | |
| 4 | | | MAAP Member | \$25.00 | \$40 | \$45 | \$60 | |
| | | | Non members | \$30.00 | \$45 | \$50 | \$70 | |
| 5 | | | MAAP Member | \$25.00 | \$40 | \$45 | \$60 | |
| | | | Non members | \$30.00 | \$45 | \$50 | \$70 | |
| 6 | | | MAAP Member | \$25.00 | \$40 | \$45 | \$60 | |
| | | | Non members | \$30.00 | \$45 | \$50 | \$70 | |
| | | | | | | | Total | |

Please make check payable to MAAP.

Please mail registration form and payment to: Patti Utesch, 3601 S. Chicago Ave., South Milwaukee, WI 53172

Registrations received after January 11th, 2016 please add \$5.00 late fee per attendee.

MAAP EIN # 45-4242714

LEARNING CIRCLE PARTICIPANTS-Please fill out LEARNING CIRCLE Information Form and include with registration.