

11th Annual Wraparound Conference

Registration Form

Submit one registration form per county. This form must be approved and signed by the Community Team. Once the county registration form has been received, a hotel registration form will be sent to each person with his or her conference confirmation letter. Do not contact the hotel until you have registered for the conference and received your confirmation letter and hotel registration form. The registration fee for the conference is **\$60.00**, which includes all meals.

Make Checks Payable to: Mid Michigan CAA (Indicate on your check that the payment is for the Wraparound Conference) NO CREDIT CARDS

**Send registration form and payment to:
Mid Michigan Community Action Agency, Inc.
Attention: Debra Hoyt
1141 N. McEwan
Clare MI 48617**

Deadline: April 8, 2005 – (Be aware that any remaining slots available after this date will be released to those counties requesting alternates)

Please print or type names:

Contact Person:		County:	
Agency Name:			
Address:			
City/Zip:			
Phone #:			
Fax #:			
E-Mail			

Attendee #1:		Coordinator/Facilitator? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:		Parent Yes <input type="checkbox"/> No <input type="checkbox"/>
City/Zip:		Other Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone #:		E - Mail -
Fee: Check one		SB-C.E.U. Yes <input type="checkbox"/> No <input type="checkbox"/>
\$60.00 <input type="checkbox"/> Includes registration and all meals.		

Attendee #2:		Coordinator/Facilitator? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:		Parent Yes <input type="checkbox"/> No <input type="checkbox"/>
City/Zip:		Other Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone #:		E - Mail -
Fee: Check one		SB-C.E.U. Yes <input type="checkbox"/> No <input type="checkbox"/>
\$60.00 <input type="checkbox"/> Includes registration and all meals.		

Attendee #3:		Coordinator/Facilitator? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:		Parent Yes <input type="checkbox"/> No <input type="checkbox"/>
City/Zip:		Other Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone #:		E - Mail -
		SB:-C.E.U. Yes <input type="checkbox"/> No <input type="checkbox"/>
\$60.00 <input type="checkbox"/> Includes registration and all meals including banquet.		

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(Refer to the cover letter to determine whether your county has 3 or 4 slots available)

Attendee #4:		Coordinator/Facilitator? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:		Parent Yes <input type="checkbox"/> No <input type="checkbox"/>
City/Zip:		Other Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone #:		E - Mail -
		SB-C.E.U. Yes <input type="checkbox"/> No <input type="checkbox"/>
\$60.00 <input type="checkbox"/> Includes registration and all meals.		

(Will be notified at a later date)

Alternate #1:		Coordinator/Facilitator? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:		Parent Yes <input type="checkbox"/> No <input type="checkbox"/>
City/Zip:		Other Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone #:		E - Mail -
		SB-C.E.U. Yes <input type="checkbox"/> No <input type="checkbox"/>
\$60.00 <input type="checkbox"/> Includes registration and all meals.		

Alternate #2:		Coordinator/Facilitator? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:		Parent Yes <input type="checkbox"/> No <input type="checkbox"/>
City/Zip:		Other Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone #:		E - Mail -
		SB- C.E.U. Yes <input type="checkbox"/> No <input type="checkbox"/>
\$60.00 <input type="checkbox"/> Includes registration and all meals.		

Community Team Signatures

Note: Any registration form that does not include payment will be discarded.

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