PRINT FORM

Breakfast and Luncheon Menu

Breakfast: Deluxe continental breakfast

Lunch: Three (3) item hot buffet [includes one (1) meatless item]

REGISTRATION - Certificate of Need (CON) Seminar- October 4, 2011

Registration fee is $100.00 per person. After September 20, 2011, late registration fee is $150.00.
Mail-in registration only. (There is no on-line registration for this seminar).

Checks only. Please make check payable to **State of Michigan**.

Send check and registration form to:
Michigan Department of Community Health
Certificate of Need
320 S. Walnut St., 3rd Floor Lansing, MI 48909 **(ACCOUNTING INFO: FY2011 70090/82005/7666)**

1. Last Name _____ *First Name (preferred)* _____

Firm _____

Address _____City_____State _____ ZIP _____

Email _____ Phone _____

I plan to attend: Session I SELECT ONE Section II SELECT ONE Section III SELECT ONE

2. Last Name _____ *First Name (preferred)* _____

Firm _____

Address _____City_____State _____ ZIP _____

Email _____ Phone _____

I plan to attend: Session I SELECT ONE Section II SELECT ONE Section III SELECT ONE

3. Last Name _____ *First Name (preferred)* _____

Firm _____

Address _____City_____State _____ ZIP _____

Email _____ Phone _____

I plan to attend: Session I SELECT ONE Section II SELECT ONE Section III SELECT ONE

Cancellation Policy

No refunds will be given for cancellations, but substitutions will be accepted. Call 517-241-3344 with the substitute's name.

Questions

If you have questions, please call 517-241-3344. Please visit our website at www.michigan.gov/con.