



REGISTRATION FORM

Please respond prior to September 12, 2017

\$35.00 includes Continental Breakfast and Lunch

Mail form and check payable to Southeast District MAHA to:

Joyce Nielsen

16425 Gatehouse Dr. S.

Woodhaven, MI 48183

Name of person supplying information: _____

Phone: _____

Hospital: _____

Name: _____ Name: _____

Name: _____ Name: _____

Menu: (please check) _____ Regular _____ Vegetarian

Please list any allergies: _____