

West Central District 2018 Spring Meeting Registration Form

Please print clearly

Auxiliary: _____

Hospital: _____

Name(s) of those attending: _____

Cost: \$25.00 per person (includes continental breakfast and lunch)
Payment is due at time of registration

Contact name: _____

Contact phone number: _____

Contact email address: _____

Total number of attendees: _____ **Total amount enclosed: \$** _____

Make sure your check is enclosed! Checks made payable to West Central District-MAHA.

Mail to Eleanor Gorman at 73 Porter Hills Dr SE, Grand Rapids, MI 49546.