

“Today’s Vision---Tomorrow’s Reality”



Michigan Association of Healthcare Advocates 67th Annual Meeting and Educational Institute June 7th-9th, 2016

MAHA Prepaid Registration Form

All registrations **MUST** be prepaid in advance and received by May 11th

NAME	HOSPITAL	CITY	DISTRICT	1 st TIMER?	DIETARY RESTRICTIONS

Full conference registration includes all conference activities. Please add additional names on the back or use an additional form. Hotel Registrations are to be forwarded directly to the Grand Hotel. Dinner on Tuesday night; breakfast, the Grand Buffet Luncheon, and the Banquet on Wednesday night; and breakfast on Thursday are included with your separate hotel reservations which are handled through the Grand Hotel as described on the Grand Hotel registration Form.

Full conference registration is \$75.00.

Make all checks out to “MAHA”

Registration for Banquet only: Individual Banquet only fee is \$70.00

Name	Hospital	City	District	Dietary Restrictions

Information Submitted By:

NAME	PHONE#	EMAIL

Mail Conference Registration forms and checks to:

Margaret Ohryn P.O. Box 252502 West Bloomfield Mi 48325

For questions call: 248-6225724 or email at Margaret at margohryn@gmail.com

There will be no refunds made after the conference registration deadline. Substitutions will be allowed.

NOTE: This event may be photographed and/or videotaped. Your attendance will indicate your consent for the use for such photographs or videotapes for educational and/or promotional purposes