

MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS

50th Anniversary Board Symposium
 Friday, December 11th - Saturday, December 12, 2015

Courtyard Boston Downtown
 275 Tremont St.
 Boston, MA 02116

REGISTRATION FORM

Please return your registration form along with your check made payable to the *MA League of Community Health Centers* and send to MA League of Community Health Centers, 40 Court Street, 10th Floor, Boston, MA 02108.

Please return form with payment by Wednesday, December 2, 2015.

Online registration option: <https://www.regonline.com/massleague-boardsymposium>

Session fees:

1-Day Registration/Friday or Saturday	2-Day Registration/Friday & Saturday
1 attendee: \$75	1 attendee: \$150
2 attendees: \$100	2 attendees: \$225
3 attendees: \$150	3 attendees: \$250
FREE 4th attendee	FREE 4th attendee

	Name of Participant(s)	Title of Participant(s)	Vegetarian Meal?	
List Each Participant			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Health Center:				
Street Address:				
City:		State:	Zip Code:	
Contact Person:		Title:		
Phone:		Email:		

Special Needs: _____

Any questions please contact Nehemie Bernard at nbernard@massleague.org