MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS

Critical Management Skills for Community Health Center Managers and Supervisors

October 27 & 28, 2015

Springfield Marriott, Springfield, MA
REGISTRATION FORM

Please return your registration form along with your check made payable to the ***MA* Lea*gue 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 October 19, 2015

Online registration option: https://www.regonline.com/massleague-criticalskills15

Session fee: $250.00 per person

	Name of Participant(s)	Title of Participant(s)	Vegetarian Meal?
List Each Participant			YES ☐ NO ☐
			YES ☐ NO ☐
			YES ☐ NO ☐
			YES ☐ NO ☐
			YES ☐ NO ☐

Health Center:		
Street Address:		
City:	**State:**	**Zip Code:**
Contact Person:	**Title:**	
Phone:	**Email:**	

Special Needs: ___

_____

_____