

MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS

Pre-CHI Session: May 2, 2017

*Advancing the Financial Strength of Health Centers
Sea Crest Beach Hotel, North Falmouth*

REGISTRATION FORM

Please return your registration form and payment by Thursday, April 20, 2017. Your check should be made payable to the *MA League of Community Health Centers* and mailed to MA League of Community Health Centers, 40 Court Street, 10th Floor, Boston, MA 02108.

Online registration option: <https://www.regonline.com/massleague-PreCHI2017>

Session fee: \$50 per person

	Name of Participant(s)	Title of Participant(s)	Email of Participant(s)
List Each Participant			
Health Center:			
Street Address:			
City:	State:	Zip Code:	
Contact Person:	Title:		
Phone:	Email:		

Special Meals/Needs: _____

Any questions please contact Nehemie Dubovic at ndubovic@massleague.org