

**MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS
2017 Conference Registration Form**

****Please complete one form per attendee.**

Name: _____

Health Center: _____

Title: _____

Address: _____

City/State _____ **Zip:** _____

Telephone: _____ **E-Mail:** _____

All registrations must include the attendee name, title, organization, days attending and email address.

CHI **Rate per attendee**

Full three-day registration – Wednesday, Thursday, Friday

Three-day registration \$750

Special discounted rate for 3 or more registrants attending **three-full days**
and registering at the same time.

3 or more registrations - \$650 each (Save \$100) \$650

Two-day registration – choose two days

Wednesday Thursday Friday \$650

One-day registration – Choose one day

Wednesday Thursday \$400

One-day Friday registration – Friday only

Friday \$275

Please check if you require special accommodations to fully participate. Explain below.

Please check if you require special dietary accommodations to fully participate. Explain below.

Paid Check Check # _____

All cancellations must be in writing. Please allow 6-8 weeks following the conclusion of conference for all refunds.

Cancellations received on/before April 24, 2017 will be assessed a \$50 processing fee. Cancellations received after April 24, 2017 are non-refundable. No shows are non-refundable. To register online by credit card, go to <https://www.regonline.com/massleague-CHI2017>.