

MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS

Uniform Data System Training 2017

January 9, 2018

COURTYARD BOSTON DOWNTOWN
275 TREMONT STREET
EMPIRE BALLROOM -1ST FLOOR
BOSTON, MA 02216

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 January 3, 2018.

Session fee: \$150.00 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 Denise McCauley at dmccauley@massleague.org