



Michigan Health Occupations Educators
2009 Annual Conference
Register by: September 30, 2009

Name: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____ E-Mail: _____

Registration fees for October 22 and 23, 2009 Conference

Full Conference Registration: \$ _____ (\$195.00)

One Day Registration \$ _____ (\$125) Circle which day attending: Thursday Friday

Includes meals/breaks/materials and your 2009-10 membership

Not attending the Conference but joining MHOEA \$25

Amount enclosed: \$ _____

TOTAL \$ _____

Please do not assume that you are registered because you have turned your request into the "office". We suggest you also send an email to skolberg@alleganaesa.org or send a copy of the registration form to us with a notation that you submitted the request to attend and a check will follow. If you have not received a notice of confirmation by September 30 contact skolberg@alleganaesa.org to check on your registration.

Return with check (sorry we are unable to accept Purchase Orders) to :

Sherlene Kolberg
Treasurer
452 Lake St
Allegan, MI 49010
Fax: 269-686-0327