

* REGISTRATION FORM *

One registration per form please. Form may be copied.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: (_____) _____

Food Program sponsor: (circle one) ACA CAPMI CCC
CCNI CCR&R MLFCCA PCI Other _____

Choose from the workshops available for each time slot.

Please indicate your session choices by writing in the letters of the workshops you would like to attend. Put the letter of the workshop which would be your first choice to attend in the space indicated for first choice; continue listing workshops in the order of preference in the spaces provided for each of the two sessions. We will make every effort to accommodate your first choices. Workshops will be filled in the order registrations are received, so it is important to register as soon as possible.

10:00 - 11:15 Workshops (Use letters A through H)

1st Choice _____

2nd Choice _____

3rd Choice _____

11:45 - 1:00 Workshops (Use letters I through P)

1st Choice _____

2nd Choice _____

3rd Choice _____

Registration Fee (must be postmarked by February 6th) -----**\$50.00**
After February 6th, register at the conference.

Questions? Call Theresa at 952-345-8117.

Mail completed form with check or money order payable to:

[**Providers Choice, Inc.**]
[Ramsey/Washington Conference]
[PO Box 39813]
[Minneapolis, MN 55439-0813]
