



Community Health Benefit and Needs Assessment

August 9, 2011

12:00 – 5:00 PM



Conference Registration

PLEASE TYPE OR PRINT LEGIBLY (Please complete one form per person)

First Name: _____
Name on Badge (as you prefer on the badge) _____
Last Name: _____
Title: _____
Organization: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip/Postal: _____
Phone: _____ Fax: _____
Email: _____

INFORMATION

University Place
850 W. Michigan Street
(800) 627-2700
Room Rate: \$91 Per night / single
Reservation Deadline: **July 9**

Hotel Required (if yes, please check)
Please make your hotel reservations directly with the hotel at: (800) 627-2700

MEAL OPPORTUNITIES (Please assist us in making an accurate meal count, indicate which meals you plan to attend)

Special Meal Requirements: Vegetarian Gluten Free Other _____

Tuesday, August 9, 2011

- Lunch
 PM Break

REGISTRATION INFORMATION

Registration Deadline: **July 9, 2011**

Registration fee:
\$65 per person

TOTAL DUE: \$ _____

*Please make checks payable to: NOSORH
Payable by mail or on-site at the meeting
Sorry no credit cards accepted*

Please fax or email this completed form to **Donna Pfaendtner**
NOSORH, 44648 Mound Rd., #114, Sterling Heights, MI 48314
Phone: 586-336-4627 | Fax: 586-336-4629 | Email: donnap@nosorh.org