



MEETING REGISTRATION FORM

**MAHAP General Membership Meeting
Comfort Inn – Mt Pleasant
2424 South Mission, Mt Pleasant, MI 48858
(989) 772-4000**

Organization Name: _____

Attendee Name: _____ MAHAP Member ? _____

(For Non-Members) E-mail Address: _____

Attendee Name: _____ MAHAP Member ? _____

(For Non-Members) E-mail Address: _____

Attendee Name: _____ MAHAP Member ? _____

(For Non-Members) E-Mail Address _____

Total Number Attending: _____

Fee: \$40.00 per Person (Includes Lunch)

Payment: Check Enclosed (Payable to "MAHAP")

Mailing Check Later

Will Pay at Registration Desk

TWO WAYS TO REGISTER . . .

(1) Fax Your Completed Registration Form to:

(231) 305-4029

Attention: Laurie Schafer, MAHAP Treasurer

(2) Mail Your Completed Registration Form and Check (payable to "MAHAP") to:

Laurie Schafer

Patient Access and Specialty Clinics Director

Mecosta County Medical Center

605 Oak St.

Big Rapids, MI 49307

IF YOU HAVE REGISTRATION QUESTIONS . . .

Contact Laurie Schafer at (231) 592-4217 or at lschafer@mcmcbr.com