

MWPHE Spring 2010 Conference

Registration Form

April 2, 2010
The Manor, West Boylston
www.mwphe.org

Attendee Information

Name _____

Institution _____

Email _____

Phone _____

Registration Fee

Member \$50 _____

Non-member \$60 _____

Method of Payment

College Check _____

Personal Check _____

Purchase Order # (if using) _____

Please bill my institution _____

Meal Choice (Please let us know if you have any food allergies)

Baked Haddock _____

Vegetarian _____

Garlic and Herb Chicken _____

Allergies _____

Please submit registration and payment to:

MWPHE, c/o Tracy Charbonnier, Bridgewater State College, Bridgewater, MA 02325
Email to: mwphe@hotmail.com; fax to: 508-531-6106.

NOTE: No cancellations or refunds after March 24, 2010; substitutes allowed for those who originally registered but cannot attend.