



Michigan Health Occupations Educators
2010 Annual Conference
Register by: September 30, 2010

Name: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____ E-Mail: _____

Registration fees for October 28 and 29, 2010 Conference

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

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

Includes meals/breaks/materials and your 2010-10 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 scourchaine@diisd.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 Sherie Courchaine at scourchaine@diisd.org to check on your registration.

Return with check made out to MHOEA:

Mail: Sherie Courchaine, Treasurer
579 Lind Rd.
Crystal Falls, MI 49920
Or

Fax: 906/779-2087