



2012 Strategic Planning Day - January 27, 2012

Member Programs Registration Form

Please complete and return to MHSA (nburton@owensburton.net)

This form is to be used by MHSA member Agencies & Programs only.

Each Member Program may send as many staff, parents and stakeholders as they wish. The *first two (2) attendees from your agency are FREE*. **Each additional person is \$25** to help defray the expenses of the event (meeting room and food & beverage costs, etc) Please complete this form and return it by **January 20, 2012**, so that we can have an accurate count for meals and the brainstorming/ workgroup sessions in the afternoon. See accompanying agenda for an understanding of the day's events and objectives.

Agency _____

Head Start Director _____ Email _____

Contact Person (if not Director) _____ Email _____

Please list all of the attendees you expect to bring, including the persons above if applicable:

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Lunch will be provided for each attendee. Total number of lunches you will need are: _____

Amount enclosed or to be invoiced by MHSA to the above agency/program _____ X \$25 = _____
Number of Attendees Minus the 2 Free Total Amount Due to MHSA

Make additional copies if needed.