REGISTRATION FORM

The Michigan Summit on Workability

Preventing Needless Work Disability

Affiliated with the national 60 Summits Project

Thursday Evening April 30 and Friday May 1, 2009 - Sheraton Lansing - Lansing, MI*

Name & Degrees:	
Title:	
Profession / Role:	
Organization:	
Address: Street City, St. Zip	
Phone(s):	
Email(s):	

☐ **Participating Individual @ $125** ☐ **Working committee member @ $95 before April 1, 2009**

☐ **Guest of _____** ☐ ***Upper Peninsula off-site Participant @ $85**

(Sponsor Name) ☐ **I plan to attend the April 30 evening event**

If paying by check, make check payable to "60 Summits Project, Inc. / Michigan Summit" and mail to: Michigan Summit, c/o P3hr Consulting & Services, 3855 Sparks Dr. SE / Suite 102 Grand Rapids, MI

If paying by credit card, FAX (secured) to: Workability In Michigan at **616-285-0543** or mail to address above. Call 616-285-0535 to provide card information verbally. (card charged when seat confirmed)

Card Type: __VISA __MasterCard __AmEx

Card Number:_____ Exp_____ Security Code _____

If name on card and billing address are same as above, check here ___. Otherwise provide:

Name on Card:_____

Billing Address:_____

Signature: _____ Date: _____

(We regret we cannot provide refunds for confirmed registrations cancelled less than 15 days before the event.)

The meeting sites are accessible, including handicapped parking. Individuals attending the meeting are requested to refrain from using heavily scented personal care products in order to enhance accessibility for everyone. Persons with disabilities, who have special dietary needs or who need mobility, visual, hearing, or other assistance for effective participation should indicate such needs. All such requests should be received at least 15 business days before the date of the meeting.