

International Conference on Self-Determination
Registration Form

May 27-29, 2008 ♦ Detroit Marriott Renaissance Center, Detroit, Michigan

REGISTRATION FEE (per person)

The full conference registration fee provides you with a program packet, workshops, two breakfasts, two lunches, opening reception and all breaks.

	RATES:		Discounts	
	Early Bird	After 5/1/08		
Full Conference	\$275	\$350	10% for 5 or more	
Pre-Conference Day Tuesday 5/27/08	\$75	\$100	20% for 10 or more	

3 EASY WAYS TO REGISTER

ON LINE: www.self-determination.com	BY FAX: (517) 374-1053	BY MAIL: MACMHB, 426 S. Walnut St., Lansing, MI 48933
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EARLY BIRD DEADLINE: MAY 1, 2008

* Cancellation Policy: Substitutions are permitted at any time. Cancellations must be received in writing at least 10 business days prior to the conference for a full refund less a \$25 administrative fee. If cancellation is received less than 10 business days prior to the conference, no refund will be given.

Please Check Conference Attendance:

Full Conference: Tuesday May 27 4:00 pm – Thursday May 29 3:00 pm

Pre-Conference: Tuesday May 27 9:00am – 4:00 pm

Please Check the Meals You Plan to Attend. (Meals are Included in the Cost of the Conference Registration):

Tuesday Reception Wednesday Breakfast Wednesday Lunch

Thursday Breakfast Thursday Lunch

Name as Printed on Badge: _____

Agency: _____

Address _____

City _____ St _____ Country _____ Zip _____

Phone: _____ Fax: _____

Email Address: _____

In Case Of Emergency during Conference, please Contact: _____

Daytime Phone: _____ Evening Phone: _____

Disability accommodations (including dietary and alternative format) will be provided when written requests are received 10 business days prior to the conference. Clearly state your specific needs below. On-site requests will be attempted, but cannot be guaranteed.

PAYMENT METHOD

Payment **DOES** need to accompany registration form.. Please note that confirmation letters will **NOT** be sent. If you require confirmation, please contact Annette Pepper at apecpper@macmhb.org or 517-374-6848.

() Check enclosed (payable to MACMHB)

() Purchase Order (attached)

() Charge to: Visa MasterCard American Express

Discover

#: _____ - _____ - _____ - _____ Exp. Date: _____ / _____

Signature: _____ Cardholder Phone

#: _____

REGISTRATION QUESTIONS? CALL MACMHB (517) 374-6848