

"NETWORKING FOR NEW IDEAS WORKSHOP SERIES 2010"
 Presented by: Milwaukee Area Activity Professionals

Registration Form:

Registration form must be received at least one week prior to workshop.

Workshop Title: _____
 Participants' Facility Name: _____
 Facility Address: _____
 City: _____ Zip Code: _____
 Phone # _____ Fax # _____
 Email address: _____

Name of Activity Professional(s) Attending:

1.																			
2.																			
3.																			
4.																			
5.																			

Fee: \$15.00 per person
 # of people attending _____ x \$15.00 = \$ _____
 Value of MAAP Workshop Coupon(s) being redeemed - \$ _____
 total amount enclosed \$

Deadline: 1 week prior to workshop date, no refunds, substitutes accepted.

Please return registration form and **check payable to MAAP**

Mail to: Phyllis Bunke
 N64W24512 Main St. #5
 Sussex, WI. 53089

For more information contact
 Phyllis Bunk work Phone: 414-353-2300 ext 120, Email: pbunke2@wi.rr.com or
 Patti Utesch @ #414-570-5407, pattiutesch@catholichealth.net