

52nd Annual Michigan Activity Therapy Conference Registration September 27, 28, 29, 2009

Valley Plaza Resort
Providing Continuing Education for Health Care Professionals since 1957

| PLEASE NOTE: Lodging | D | | :4 4 - \/- | l D |
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| nt your FIRST name as you would lik | te it on your name badge: | | | | | |
| OME ADDRESS | | | | | | |
| IOME ADDRESS (Street) (AGENCY NAME | | ity/State) | | (Zip) | | |
| ONE WORF | K PHONE | EMail | | | | |
| REQUEST SPECIAL SERVICES (| Please write description of | of services neede | ed on back of form. | .) | | |
| | В | efore Sept. 18 | After Sept 18 | Student | | |
| re-Conference Intensive: (S | Sunday, Sept. 27) | \$15 | \$20 | \$10 | | |
| Full Conference Registration: Includes: admission to all conference sessions (except intensive), social activities and registration materials, two lunches | | \$95 | \$110 | \$50 | | |
| Sunday / Monday Combination: Includes: one intensive, Sunday night session and all day Monday (no lunch) | | \$75 | \$90 | \$35 | | |
| One Day Registration: (includes lunch) Which Day? (Circle one) Monday, 28th Tuesday, 29th | | \$50 | \$65 | \$25 | | |
| onference Registration Due ter September 18, please register idents must attach a copy of their stu kets for continental breakfast will be av | at the conference. | \$ tion. | \$ | \$ | | |
| Admission to | all Conference Ses | sions by Bad | ge Only! | | | |
| Make check (in U.S. Funds) payable to: Return Registration to: Laura Kephart MATC, 904. | | | 313-258-3195 | | | |
| CEU credits will be availa | lata farana Cantarat Milah | igan Universit | y at the confere | 200 | | |

Kathleen Grobbel, MATC (248) 898-5529.

| PO # | Total Registration \$ | CMI |
|------------------|-----------------------|-----|
| Agency Check # | Personal Check # | |
| Office Use Only: | | |