

Major Events Planning Workshop

REGISTRATION FORM

Team Member #1 Name: _____ Title: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Lodging Preferences: Smoking Non-Smoking

Team Member #2 Name: _____ Title: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Lodging Preferences: Smoking Non-Smoking

Team Member #3 Name: _____ Title: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Lodging Preferences: Smoking Non-Smoking

Return Form to: School of Criminal Justice
ATTN: Bridget Scott
1407 S. Harrison, 343 Nisbet Building
East Lansing, MI 48823

Enclosed please find a check purchase order, made payable to Michigan State University.