

MACAC 2010
Urban Counselor's Workshop

March 23, 2010

Marygrove College – Detroit, Michigan
Registration Form

Please type or print, and photocopy the form before mailing. Registration must be received by **March 15, 2010** to be listed in the Roster of Participants.

Last Name: _____ First Name: _____
Preferred Name for Badge: _____ Title: _____
Institution: _____ Address: _____
City: _____ State: _____ Zip: _____ Fax: (____) _____
Phone: (____) _____ Email: _____

Affiliation (Check all that apply):

<input type="checkbox"/> Secondary School	<input type="checkbox"/> 2009-2010 MACAC Member
<input type="checkbox"/> College/University	<input type="checkbox"/> Non-member
<input type="checkbox"/> Independent Counselor	<input type="checkbox"/> Conference Presenter
<input type="checkbox"/> Exhibitor	<input type="checkbox"/> MACAC Committee Member
<input type="checkbox"/> Other _____	<input type="checkbox"/> Committee Name: _____
<input type="checkbox"/> First Time Conference Attendee	<input type="checkbox"/> MACAC Past President – Year _____

Registration Fee (Per Person) by March 15, 2010

___ MACAC Members: \$55.00 ___ Non-Members: \$65.00

TOTAL OF ALL FEES* \$ _____

Registration begins @ 7:45 am

***Make checks payable to MACAC - Urban Counselor Workshop**

Please send Registration form and check to:

c/o Daniel Winston
Wayne State University
42 W. Warren
Detroit, Michigan 48202

FAX: (313) 449-4671 (Gloria P. Davis)
Email: gloriapdav@aol.com