

**REGISTRATION FORM**

**I will attend the Friday, April 3 Session:**

How many will attend? \_\_\_\_\_

**I will attend the Saturday, April 4 Track/Workshop(s):**

- Apprentice Track**, how many will attend? \_\_\_\_\_
- Accomplished Track**, how many will attend? \_\_\_\_\_
- Community Outreach Initiative Track**, how many will attend? \_\_\_\_\_
- Health Care Advocates Training**, how many will attend? \_\_\_\_\_

*Please attach additional registration sheets if necessary.*

**Name(s):** \_\_\_\_\_

**Local Name & Number** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Return this form along with the registration fee (\$20) per attendee no later than **Friday, March 20, 2009** to:  
AFT Michigan, 2661 East Jefferson Ave., Detroit, MI 48207