Michigan Partners on the PATH

Workshop Registration Form

 **Instructions:**

1. Click in each box to select an option or type information.
2. Email the completed form to: michiganPATH@gmail.com
3. If the workshop is canceled or rescheduled, please notify michiganPATH@gmail.com

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| Type of Workshop:  |
| Will there be an informational session for this workshop?  [ ]  Yes [ ]  No  | Information Session Date:       | Information Session Time:       |
| First Session Date:      Last Session Date:       | Class Meeting Day (m, t, w, th, f):      | Session Time:       [ ]  AM [ ]  PM |
| Session Location: Name:      Address 1:      Address 2:      City:       Zip:      County:       | Registration Information (for public listing):Contact Name:      Email:      Telephone:      Registration Link:       |
| Registration submitted by (For registration questions from MDHHS):      Phone:       Email:       Date:       |
| Other notes (*Ex*: Payment options, special population, max # of participants, etc.):      | Language (*If other than English*):       |
| ***For Office Use Only*** |
| Processed by:  |  | Date: |  | Course ID:  |  | [ ] Db [ ]  Confirmation |