

CMSA Detroit

March 11, 2020 Dinner Conference

Professional Case Management Competence: Reframing What Defines Practice Excellence

REGISTRATION FORM

NAME: _____

Company: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Phone Number: _____

CMSA Member Number: _____

Dietary Restrictions: _____

Pre-Registration:

CMSA Member Non-Member

☐ \$ 15

☐ \$ 50

Pre-Registration price ends March 6, 2020

After March 6, you must register at the door:

CMSA Member Non-Member

\$ 25

\$ 75

REGISTER

By PHONE: (248) 663-4103

By FAX: (734) 956-1954

By Credit Card:

Card Number: _____

Expiration Date: _____

By Mail to:

CMSA Detroit

37637 Five Mile Road, #240

Livonia, MI 48154

Please include this registration form with your check payable to: *CMSA Detroit*

Cancellation Policy: Must cancel 2 weeks prior to receive full refund.

*If you register but are not able to attend, please call
and let us know at 248-663-4103.*