

Registration Policies

1. Please mail or fax your registration early. Space is filled on a first served basis. Policy and deadlines for registration are the same by fax as by mail.
2. Please enclose a check or complete the credit card registration below. Faxed registrations must include credit card or purchase order information.
3. Registrations and payment must be received no later than five days prior to the workshop.
4. We reserve the right to cancel this program due to insufficient registration.

Cancellation Policy

Refunds, minus a \$25 processing fee per registrant, will be honored if requested in writing five (5) business days prior to the date of the seminar. In the event of emergency, attendees may send substitutions in their places without prior notification.

Inclement Weather Policy

If Howard County Public Schools are closed or opening late due to inclement weather, all seminars are **CANCELLED**. Registrants will be contacted regarding rescheduling arrangements.

Registration Form

MDS 3.0 Is On its Way: Right Training at the Right Time

FEES: LifeSpan Members — \$150 1st registrant; \$125 additional registrants
Non-members — \$200

LOCATIONS: Please check a location (Limited Space; Register Early)

___ June 2, 2010 (Familiar to the MDS process) (Hagerstown)
___ June 15, 2010 (New or unfamiliar to MDS process) (Columbia)
___ July 7, 2010 (Familiar to the MDS process) (Columbia)
___ July 20, 2010 (Familiar to the MDS process) (Annapolis)

PLEASE PRINT. Copy this form for multiple registrants. Please register and return Early

Name _____ Title _____

Email (Work) _____

Facility Name _____

Facility Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Fee: LifeSpan Members **\$150/\$125** Non-members **\$200** **Total Amount Due \$** _____

Please mail with check payable to:

THE BEACON INSTITUTE, 10280 Old Columbia Road, Suite 220, Columbia, MD 21046

Or fax with credit card information to **410.381.6061**



Name on Card _____ Account No. _____

CVV2 Security Code _____ Expiration Date _____ Signature _____

Card Holder Email Address _____

For additional information please call Annmarie Gordon at 410.381.2401, x240 or agordon@lifespan-network.org
www.LifeSpan-Network.org