REGISTRATION / EMERGENCY FORM

Name____________________________________ School_____________________________________

First Name as I would like it to appear on my name tag _______________________________________

Cell #_______________________________________ E-Mail Address___________________________

HOTEL: Auburn Hills Marriott Pontiac
  3600 Centerpoint Pkwy.
  Pontiac, MI 48341
  248 253-9800

Please check all that apply:

_____ I will need accommodations at the hotel Monday night through Thursday night. (Paid by OES)

_____ I will need additional accommodations prior to the start of the meeting. (Paid by registrant - $135.00 per night)

Dates needed_____________________________________

_____ I will need additional accommodations at the conclusion of the meeting. (Paid by registrant - $135.00 per night)

Dates needed_____________________________________

My spouse will accompany me___________ Spouse Name_____________________________________

(continue on p. 2)
EMERGENCY CONTACT INFORMATION:

Contact Person: __________________________ Relationship: __________________________

Cell: ___________________________ Home: ___________________________ Work: ___________________________

Optional: Do you have any medical condition or food or drug allergy information that should be given to an emergency care worker in case you are unable to report for yourself?

_________________________________________________________________________________

Please return this form and the agenda feedback form to Connie Barbarotto by February 21, 2020.
The Travel Plans form should be sent by April 3, 2020.

E-mail: cab@cbinstitute.org (914) 636 – 6194 X131 Fax: (914) 636-0021