



Edmund Rice Christian Brothers North America

SCHOOL LEADERS MEETING

April 20-23, 2020

**Brother Rice High School
7101 Lahser Road, Bloomfield Hills, MI
248 833-2000 www.brrice.edu**

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