

## **YOU LEAD Conference Registration Form**

Conference Date \_\_\_\_\_ Conference Location \_\_\_\_\_

School Name \_\_\_\_\_  
School Address \_\_\_\_\_  
School Phone \_\_\_\_\_  
Contact Person \_\_\_\_\_ email \_\_\_\_\_  
Alternate phone \_\_\_\_\_ (in case of cancellation)

**Participants:**

Advisor/Chaperone \_\_\_\_\_  
Advisor/Chaperone \_\_\_\_\_

Student Name \_\_\_\_\_  
Student Name \_\_\_\_\_  
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Student Name \_\_\_\_\_

*Registration Fee of \$10.00 per person attending is payable to MIAA. Refunds will only be honored if cancellation is received up to 72 hours before the conference date.*

*Please mail registrations to Karen Nardone at the MIAA, 33 Forge Parkway, Franklin, MA. 02038 or fax to 508-541-9888.*

