

MHEA Support Group Event Registration 2006-2007

Support Group: _____

Contact Person: _____

Phone: _____

Email: _____

Type of Event:

Location:

Event date:

Event time: _____ am/pm until _____ am/pm

Total number of attendees: _____

Members: _____

Visitors: _____

Attach full roster and check those attending.

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Office: Reviewed by: _____
 Approved by: _____
 Comments: _____