

Michigan Museums Association  
Registration Form

Emergency Preparedness Planning for Museums  
**Thursday, August 4, 2011**  
**10:00 a.m. to 3:00 p.m.**  
**Central Michigan University**

Member: \_\_\_\_\_ at \$50 = \$ \_\_\_\_\_

Non-member: \_\_\_\_\_ at \$75 = \$ \_\_\_\_\_

Total enclosed: \$ \_\_\_\_\_

Name(s)

Address

City

State

ZIP

Phone

Email

Payment Information

Check enclosed (make check payable to the Michigan Museums Association).

Credit Card

Visa/ MasterCard/ Discover

Name on Card

Card Number

Expiration Date

Signature (required)

You can fax this form to 313-908-5408 or mail to Michigan Museums Association, PO Box 2757,  
Dearborn, Michigan, 48123.

***Registrations must be received by Thursday, July 28.***