

Michigan Cancer Registrars Association (MICRA)

Vendor Registration Form

Annual Conference October 6-7, 2011

Soaring Eagle Casino & Resort | 6800 Soaring Eagle Blvd | Mount Pleasant, MI 48858

Room rate: \$119.00/night | Group code: 98Q3HF

Phone reservations will not be accepted. Please complete the enclosed form and fax it to
989-775-5686 Attention Room Reservations or register online at www.soaringeaglecasino.com.

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Individuals Attending Conference (include title and credentials for name tag):

1. _____ E-mail: _____

2. _____ E-mail: _____

3. _____ E-mail: _____

Please mark the appropriate box to indicate the total number of attendees from your company.
**Vendor fee includes table, attendance to conference and materials, continental breakfast,
lunch, refreshments and CE credits.**

_____ 1 – 4x6 table with **1 individual** from your company \$300.00

_____ 1 – 4x6 table with **2 individuals** from your company \$350.00

_____ 1 – 4x6 table with **3 individuals** from your company \$400.00

Make checks payable to Michigan Cancer Registrars Association

Please mail completed form and payment by September 23, 2011 to:

Kathleen Hess | 477 W. Newaygo Drive | White Cloud, MI 49349

Phone: 231-519-3864 | Fax: 231-689-0644

Email: kathleen.hess@spectrum-health.org