

Support Within Reach Conference Registration Form

October 1st, 2011 from 10am-6pm
Sawmill Inn of Grand Rapids

Registration Deadline: September 20th, 2011
(Complete form and return with full payment)

Name _____

Hospital/Agency _____

Position _____

Address _____

City _____ State/Zip _____ County _____

Phone _____ Fax _____

E-mail _____

I have dietary restrictions.

Please specify: _____

I do not have dietary restrictions.

Make checks payable to:
MN International Association of Forensic Nurses

Mail check and registration to:
MN Forensic Nurses
P.O. Box 40395
St. Paul, MN 55104

