

# MHA 2008 Mid-Year Membership Meeting

May 14 - 16, 2008 Flathead Lake Lodge, Bigfork, MT

# Registration Form

Name: \_\_\_\_\_  
*Please copy form for additional staff.*

Title: \_\_\_\_\_

Facility: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I will be staying at Flathead Lake Lodge

*No additional fee - skip to Section 2.* Accommodation fee includes all meals, snacks, property access & recreation *I will have \_\_\_\_\_ guests staying with me at the Lodge. (Meal fees included in accommodation fee.)*  
**You must make your own reservations with the Lodge!**

I will not be staying at the Lodge (facility access fee)  
Please indicate the sessions/events you will be attending.

Wednesday: 5/14 Lunch/Registration

Wednesday Cocktails & Snacks

Wednesday Cocktails & Dinner

Thursday: 5/15 Region Breakfast Meetings

Thursday Lunch

Thursday Cocktails & Snacks

Thursday Dinner

Friday: 5/16 Breakfast

Friday: Sack Lunch

I am NOT staying at Flathead Lake Lodge	Number of guests (not staying at Lodge) who will join me
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\$25/person	____ @ \$25 ea.
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\$12.00/person	____ @ \$12 ea.
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n/c	____ @ n/c
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\$30.50/person	____ @ \$30.50 ea.
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\$9.00/person	____ @ \$9.00 ea.
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\$12.00/person	____ @ \$12.00 ea.
----------------	--------------------

n/c	____ @ n/c
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\$30.50/person	____ @ \$30.50 ea.
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\$9.00/person	____ @ \$9.00 ea.
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\$12.00/person	____ @ \$12.00 ea.
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**Total for NOT staying at Flathead Lake Lodge:** (access fee \_\_\_\_\_) + (meal costs \_\_\_\_\_) = \_\_\_\_\_

## Section Two: Meeting Registration

Before May 5

After May 5

Meeting Registration Fee  
No Meeting Registration Fee for Guests

\$110/person

\$125/person

Thursday Afternoon Golf: Golfing has been sponsored by Brentwood Services Administrators. Please check this box if you plan on golfing at Eagle Bend on Thursday afternoon.

Guest Name(s) for Name Badge \_\_\_\_\_  
No Meeting Registration Charge for Guests

Special Needs: Please advise us of any dietary restrictions or special needs.  
\_\_\_\_\_

## Total Payment

Total Due from Section 1  
\$ \_\_\_\_\_

Total Due from Section 2  
\$ \_\_\_\_\_

**Total Amount Due**  
\$ \_\_\_\_\_

**Registration Deadline:**

**Monday, May 5, 5 pm**

*After May 5, higher fees apply.*

**Fax or Mail form to MHA:**

(406) 443-3894

PO Box 5119

Helena, MT

59604

**MHA**

AN ASSOCIATION OF  
MONTANA HEALTH  
CARE PROVIDERS

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