

MassAAL/MCAE Student Leadership Training

Registration Form (One per Program)

Name of Organization: _____		Date		Date	
Organization Contact: _____		9:30 am–1:00 pm		9:30 am–1:00 pm	
Telephone Number _____					
Email address _____					
Names of Participants and Practitioners		<i>1st</i>		<i>2nd</i>	
		<i>Choice</i>		<i>Choice</i>	
1.					
2.					
3.					
4.					
5.					
Location:	MCAE 101 Tremont Street, Suite 812, Boston, MA 02108				
Time:	9:30am-1:00 pm				
	Boston	<input type="checkbox"/>	Southeast	<input type="checkbox"/>	
	Central	<input type="checkbox"/>	West	<input type="checkbox"/>	
	Northeast	<input type="checkbox"/>			

Please return this form to Teha Woodrow, MassAAL Associate, at 117 Mt. Pleasant Avenue, Roxbury, MA 02119, Fax # (617) 445-5989 or email teha.woodrow@yahoo.com as soon as possible to secure your place.

We will confirm Training availability with you.

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