

# 2024 FALL SEMINAR REGISTRATION FORM

Completed form and payment to be received by 11/10/2024

Name of Association or Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Those attending: ( Attach additional list if needed )

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Please fill out the registration form regardless of how you choose to pay (e.g. Paypal, Zelle or via check) and email it to [ucommich@gmail.com](mailto:ucommich@gmail.com) or via mail at the below address.

## PRICE SCHEDULE

**Member: \$10.00 each attendee      Entire Board: \$25.00**

Mail completed registration form with check to: UCOM, P.O. Box 838, Troy, MI 48099-0838