**Agency:**

**Name of attendee(s):**

**Supervisor Name:**

**Phone:**

**Email:**

**Number attending banquet dinner and meal selection. Please choose Chicken, Beef or Vegan:**

If paying by check please make payment to Annual MVCI Association and mail to 601 Ada Street, Owosso, Michigan 48867. Please include the registration form.

**Registration will be confirmed once payment has been received.**