



2022 MVCI Registration Form

Rank/Title: _____

Name: _____

Address: _____

Mobile #: _____ Email Address: _____

Department: _____

Department _____

Address: _____ Department Phone #: _____

Immediate Supervisor: _____ Supervisor Mobile #: _____

Number of Officers Registering: _____ Name(s) of Officers: _____

Staying at Host Hotel: _____ Attending Banquet: _____

Email the completed registration form to admin@mvci.org.

Please make payment to Annual MVCI and mail to 1130 Jackson Drive, Owosso, MI 48867

Registration will be confirmed once payment has been received.