



**MICHAEL C KUCSMA
MEMORIAL SYMPOSIUM
02/26-02/28
REGISTRATION FORM**



PRE-CONFERENCE ONLY ___ SATURDAY ___ SUNDAY ___
FULL PROGRAM ___ SPOUSE WORKSHOP ___
TOTAL: \$ ___

| | | |
|-----------------------------|--------|--------------|
| NAME: | | |
| ADDRESS | | |
| CITY: | ZIP: | |
| PHONE: | EMAIL: | |
| PURCHASE ORDER OR CHECK # : | | |
| PO BILLING ADDRESS: | | |
| PO APPROVAL SIGNATURE: | | |
| CREDIT CARD #: | | |
| EXPIRATION: | CVV #: | BILLING ZIP: |
| APPLICANT SIGNATURE: | | |

PLEASE RETURN APPLICATIONS & MAKE CHECKS PAYABLE TO
"Michael Kucsma Memorial Scholarship Fund"
380 Congress St
Portland, Me 04101