

Student Registration Form

1. Only one student registrant per form, please.
You may duplicate this form as necessary.

Municipality: _____

Name of Student: (CA) _____

Nickname for Badge: _____

Name of Sponsor: (CB) _____

Sponsor's Daytime Phone: _____

2. **Special Needs**

- If you require special accommodations related to facility access, communication and/or diet, please describe your requirements. We are not able to accommodate such requests on site. (FC)

3. **Cancellation Policy**

Email cancellation requests to registration@mml.org or fax them to 734-662-6939. Cancellations must be received by March 25, 2008.

**Please fax or mail this form with the delegate
Capital Conference registration form & payment.**