

Region VII Management Acceleration Program (MAP)
MAP Inaugural Class of 2010
Graduation Luncheon/Post Graduation Session Registration Form

October 20th, 2010

Immediately following the Director's Caucus

Country Club Plaza Marriott Hotel

Event Format:

12:30 Formal Luncheon/Recognition Ceremony (keynote to be announced soon)

2:00 pm -4:00 pm Post Graduation Session: Oh the Places you will continue to GO!

Plan to join us as we celebrate the Success of the graduates of the first (Pilot) Class of the Management Acceleration Program will complete their two year professional journey on Wednesday, October 20th, 2010. The event will be filled with networking, sharing experiences, personal growth stories and an application goal setting session designed to challenge participants as they move forward in their professional growth in the areas of leadership and management. Please complete the following registration information and return this form to the R7HSA Association office. The deadline for registration is October 5th, 2010.

Registration fee is waived for each MAP Class of 2010 participant and the participant's local program director/executive director only. The event is open to attendees who do not fit either category listed above at a registration fee of \$45.00.

Full Name: _____
Last First M.I.

Title: _____

Organization: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Fax: () _____

E-mail Address: _____

Special Needs:

- Dietary Needs: Vegetarian Meals Other _____
 Additional assistance/accommodations (please attach a written description of your request to this form)

For Registration purposes, please indicate: ___MAP Participant ___Program/Executive Director
(Limit 1 waived registration who meets the above category per program in addition to the MAP participant)
___Attendee (individuals who do not fit either category listed above—submit a registration form and indicate method of payment for the registration fee of \$45.00 in the box below)

<p>Indicate payment method below. Make checks payable to <u>Region VII Head Start Association</u></p> <p>Total fee enclosed \$ _____ (\$45.00 per participant)</p> <p>Method of Payment <input type="checkbox"/> Check Enclosed # _____ <input type="checkbox"/> Purchase Order # _____ (must be attached) <input type="checkbox"/> Credit Card (credit card payment form must be attached)</p>	<p>Return registration and fee to:</p> <p><i>Region VII Head Start Association 122 Teton Ridge Drive Lake Winnebago, MO 64034 Phone: 816-537-7801 Fax: 816-537-7802 Email: R7HSA@comcast.net</i></p>
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