

Minnesota Aging Policy Summit

Tuesday, January 13, 2009; 8:00 AM – Noon

Wilder Center Auditorium; 451 Lexington Parkway, St. Paul, MN 55104

REGISTRATION FORM

Name: _____ Check if 60+ ()

Organization: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Additional Names Attending: _____

Number attending: _____ (x \$20 per attendee; donation only for those 60+)

Total: \$ _____

Payment Method: Checks payable to "Vital Aging Network".
If Purchase Order or any questions, call Gail at 651-917-4601

_____ Check (Must be enclosed)

_____ Visa Card # _____

_____ MasterCard Exp. date _____ 3-4 digit code from back

_____ Discover CC billing address & zip _____

_____ American Express Signature _____

Return this form to

Fax (credit cards only): (651) 641-8618

Mail: Vital Aging Network, 2365 N McKnight Rd Ste #4, North St. Paul, MN 55109