

MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS

Uniform Data System Training 2016

January 10, 2017

SEAPORT HOTEL  
SEAPORT BALLROOM  
1 SEAPORT LANE  
BOSTON, MA 02210

REGISTRATION FORM

Please return your registration form along with your check made payable to the **MA League of Community Health Centers** and send to MA League of Community Health Centers, 40 Court Street, 10<sup>th</sup> Floor, Boston, MA 02108. Please return form with payment by Monday, January 4, 2017.

Online registration option: <https://www.regonline.com/massleague-uds2016>

Session fee: \$150.00 per person

	Name of Participant(s)	Title of Participant(s)	Email of Participant(s)
List Each Participant			
Health Center:			
Street Address:			
City:		State:	Zip Code:
Contact Person:		Title:	
Phone:		Email:	

Special Meals/Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any questions please contact Nehemie Dubovic at [ndubovic@massleague.org](mailto:ndubovic@massleague.org)