****

**THE COUNCIL OF SOCIAL AGENCIES**

**OF HAMPSHIRE COUNTY**

**32nd ANNUAL BREAKFAST CELEBRATION**

**Friday, September 20, 2019**

**Inn at Boltwood**

**30 Boltwood Avenue, Amherst**

**Registration and Breakfast at 8:00 am**

**Annual Meeting and Presentations at 8:30 am**

**Please reserve your place by Friday, September 13, 2019**

**Please email a scanned copy to** [**cosahc@gmail.com**](mailto:cosahc@gmail.com) **and/or send with payment to:**

**COSA**

**PO Box 343**

**Amherst, MA 01004**

**Individual/Organization Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COSA Member (please circle one):** Yes / No

**COSA Members:** $25.00 **Non-Members:** $30.00

\_\_\_\_\_\_ Check here if payment is being mailed separately.

Attendee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To list additional names, please use the back of this sheet. Thank you.

**Total amount enclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Checks should be made payable to “COSA”.

Questions? Please email [cosahc@gmail.com](mailto:cosahc@gmail.com). Thank you!