**MICHIGAN COMMUNITY COLLEGE BUSINESS OFFICERS ASSOCIATION**

**Registration Form**

**Summer Workshop**

**July 27-29, 2016**

**Grand Traverse Resort and Spa, 100 Grand Traverse Resort Blvd, Acme, MI 49610**

Name:

Title:

College:

The conference fee is **$175.00** per person. Please make checks payable to **MCCBOA** and mail with this form to:

Larry Gawthrop  
Chief Financial Officer  
Mott Community College  
1401 E. Court Street  
Flint, MI 48503

***OPTIONAL REGISTRATIONS***

***WEDNESDAY DINNER:***

We will be having a group dinner Wednesday. MCCBOA will pay for the attendance of the MCCBOA member and one guest. Other guests are to be paid for with your registration form as follows: guests are $35 per person.

\_\_\_ Yes, I will attend

\_\_\_ I will be bringing a guest (Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_)

\_\_\_ I will be bringing other guests as well. Please include names

***THURSDAY AFTERNOON GOLF OUTING (SCRAMBLE FORMAT)***

***GRAND TRAVERSE RESORT $35 PER PERSON***

\_­\_\_  Yes, I plan on playing.    Name of guest(s) that will be playing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Handicap of each player \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Playing Partner ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_