Work Support Strategies Leadership Summit 2015 Sheraton Greensboro Hotel at Four Seasons, Joseph S. Koury Convention Center Greensboro, North Carolina April 29 – May 1, 2015

REGISTRATION FORM

Fax To: Email To:	Joan Otto @ (919) 334- joan.otto@dhhs.nc.go				
	*********REGIS	TRATION DEADLINE IS I	MARCH 13, 2015	*****	
County:		Date:		_	
Completed By:		Phone #:		_	
The following	staff will attend the Work S	upport Strategies Leadershi	p Summit:		
	(Please print legible	. This list will be used to ma	ake name badges f	or attendees.)	
	Name		4/29/15 Overnight Stay	4/30/15 Overnight Stay	Disability Accessible Room
(Please print)		Job Title	Y or N	Y or N	Y or
	rnight, indicate attendees st ame listed on the first line.	taying in each room below.	For check-in purpo	ses, rooms wil	ll be placed in t
Room 1					
Room 2					