



Registration Form

SYMPOSIUM

**Eagan Community Center
1501 Central Parkway, Eagan, MN 55121**

Saturday, November 19, 2022

10:00 a.m. to 3:00 p.m.

Check in at 9:30 a.m.

Please complete the following for each family member attending the event:

Last Name	First Name	Birthdate <i>(Children under 18 only)</i>	Will Attend Child Programming (X) <i>(Ages 0-11)</i>	Will Attend Teen Programming (X) <i>(Ages 12-17)</i>

How many will be participating in the meal? Adults _____ Children _____

Please provide the following contact information for your family:

Contact Name:
Address:
Primary Phone:
Email Address (Required):

_____ I am requesting mileage reimbursement up to \$75 because I am traveling over 150 miles one-way to attend this event. Contact HFMD for hotel reimbursement up to \$120.

Send this completed form to HFMD by one of the following methods:

Mail: 750 S Plaza Dr, Ste 207, Mendota Heights, MN 55120

Fax: 651-406-8656

Email: info@hfmd.org

This event has limited space, so get your completed registration form in soon! Registrations received after the event fills will be placed on a waiting list.