



# Registration Form

## SYMPOSIUM

Eagan Community Center  
 1501 Central Parkway, Eagan, MN 55121

Saturday, November 20, 2021

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

**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](mailto: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.**