

**MACA Statewide Conference**  
**Healing, Hope and Justice; An Advanced Conversation**  
Thursday May 26, 2011 from 8:30 AM to 3:00 PM EDT  
Best Western Royal Plaza Hotel  
181 Boston Post Road West  
Marlborough, MA 01752

Organization: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address:

City:

State:

ZIP Code:

Phone:

If you are paying for more than one registrant, list ALL the names of those attending the conference along with their respective emails.

Conference fees are \$30 per person, or 4 for \$100. Please list the names and emails of all registrants. After May 13<sup>th</sup> conference fees increase to \$50 per registrant.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Would your organization like to have an exhibit table at the conference?    YES    NO  
Do you have any dietary restrictions? If so, explain.

**PLEASE MAIL THIS COMPLETED FORM AND A CHECK MADE PAYABLE  
TO MACA, AND MAIL TO OUR OFFICES:  
14 BEACON ST. SUITE 420, BOSTON, MA 02108**

**QUESTIONS? PLEASE CONTACT BRENDA NOEL, MACA CONFERENCE  
COORDINATOR AT 617-620-2721**