

2017 SHARE THE CARE Registration

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Tribal Affiliation: _____

Phone: _____

E-mail: _____

Dietary Needs: _____

Please fill out the form and scan/email, fax or mail to:

sbeirl@redcliffhealth.org

Fax: 715-779-3362

CONFERENCE REGISTRATION DEADLINE

Wednesday April 26, 2017

NOTE: MAKE HOTEL RESERVATIONS DIRECTLY WITH CONFERENCE HOTELS

Red Cliff Community Health Center

Share the Care

36745 Aiken Rd

Bayfield ,WI 54814

Questions:

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Vince Bresette vbresette@redcliffhealth.org ph: 715-779-3707 ext. 2250