



## ***2008 New Advisor Workshop Registration Form***

October 2, 2008

Eastern Michigan University, Ypsilanti

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

School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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

Training Program: \_\_\_\_\_

Principal: \_\_\_\_\_

CTE Director: \_\_\_\_\_

I will be attending the workshop on October 2, 2008.

Please invoice me for \$40

My \$40 check is enclosed

I am unable to attend the workshop, but I am interested in starting a SkillsUSA chapter.  
Please keep me on the mailing list.

I am unable to form a chapter this year because: \_\_\_\_\_

**Return by: September 25, 2008**

Mail to: SkillsUSA Michigan  
Eastern Michigan University  
Ypsilanti, MI 48197  
734-487-3888

Make Check Payable to:  
SkillsUSA Michigan

Fax to: 734-487-4329

Email to: [tbrown51@emich.edu](mailto:tbrown51@emich.edu)