MICHIGAN JUDICIAL INSTITUTE
ON-SITE REGISTRATION FORM

Casefile Management Standards Training Seminar
March 15, 2007
Hall of Justice Conference Center
Lansing

NAME (Mr/Ms): _____

TITLE: _____

COURT/OFFICE: _____

ADDRESS: _____

_____ **ZIP CODE:** _____

TELEPHONE:(____)_____ **E-MAIL:**_____

Please list below any special accommodations or dietary restrictions you will require during your attendance:

_____

_____

Signature of Applicant_____ _____
Date

Signature of Supervisor_____ _____
Date

Fax completed and **SIGNED** Registration Form by **Wednesday, February 28, 2007**, to:
Angie McGoff, Fax: (517) 373-7615