



WOMEN'S HEALTH CONFERENCE

Saturday, September 30, 2017

8:30 a.m. – 3:00 p.m.

Cross Street A.M.E. Zion Church
440 West Street, Middletown, CT 06457

OUTWARD IN 2017

First Name: _____ Last Name: _____
Address: _____ City: _____
State/Province: _____ Zip/Postal Code: _____
Telephone: (_____) _____ Cell Phone: _____
Email: _____

HEALTH CONFERENCE INFORMATION

Registration 8:00a.m. Breakfast & Networking 9:00a.m. Conference 9:45 a.m.

Please list any special dietary needs: _____

Zumba Dance Hour: Be sure to bring comfortable exercise clothes



Workshops and information: **Health, Nutrition, Mental Health, Beauty, Relaxation and Exercise**

REGISTRATION FEES

\$ 20.00

TOTAL ENCLOSE\$ _____

PAYMENT METHOD: Cash Money Order Check Please check appropriate box.

Please make Checks and Money Orders to **Cross Street A.M.E. Zion Church.**

There will be a \$25.00 fee charged for returned checks due to insufficient funds.

(Please note that no refunds will be given.) Please do not mail cash.

Please mail registration form and checks to: **2017 Health Conference by September 1, 2017**

c/o Anita Dempsey
Cross Street A.M.E. Zion Church
440 West Street
Middletown, CT 06457

Please do not mail cash.

Any question, please call Anita Dempsey-White at (860) 770-4644/email: adzumbalady.dempsey@gmail.com
or contact the church directly at (860) 344-9527.

Program information: www.crossstreetamezion.org