MI PEERS CONFERENCE 2025

CHECK Payment Registration Form

DO NOT submit this form if you are paying by credit or debit card.

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Please include this form with your payment. Please make checks payable and mail the check to:

Michigan Disability Rights Coalition
3498 East Lake Lansing Rd, Ste 100
East Lansing, MI 48823

Payment Information

Agency Name: _____

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Participant Information

Participant Name: _____

Participant Email: _____

Participant Phone: _____ Dietary Restrictions:

Register for: ☐ Full Conference Pass ($125) ☐ Day 1 (8/7, $65) ☐ Day 2 (8/8, $65)

Participant Name: _____

Participant Email: _____

Participant Phone: _____ Dietary Restrictions:

Register for: ☐ Full Conference Pass ($125) ☐ Day 1 (8/7, $65) ☐ Day 2 (8/8, $65)

Participant Name: ____

Participant Email: ____

Participant Phone: ____________________ Dietary Restrictions:

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