ARRM

MOHR
Minnesota Organization for Habilitation and Rehabilitation
"Together We Do MOHR"

2018 Day at the Capitol Registration Form

*Please fill out and return this form to Sara Grafstrom at sgrafstrom@arrm.org by Friday, February 16th.

Agency_____

Main Contact Name_____

Main Contact Phone Number (Please provide a number you can be reached at on Tuesday, March 13th._____

Approximate number of attendees_____

Please indicate if you would like ARRM to set up appointments for you, if you will be setting up your own appointment or if you will not be meeting with your legislators:

Making my own appointment_____ Please set up our appointments_____ No Meeting _____

Attendees (If you would like ARRM to set up appointments for you, please provide the names, addresses and district numbers of those attending legislative meetings.)

Name	Street Address, City, Zip	District Number