

ATTENDEE REGISTRATION FORM

CONVENTION January 26, 2012

Please complete the following form and fax it to 401- 421-0824

or e-mail to: mail@rileague.org

Municipality: _____

Name: _____

Title: _____

Address: _____

Phone: _____

I plan to attend the events listed below:

**Note: All events are free of charge*

“Continental Breakfast”

“Luncheon”

REGISTRATION FORMS MUST BE RETURNED BY FAX / MAIL/ EMAIL BY JANUARY 10, 2012!

FAX #: 401-421-0824

R.I. LEAGUE OF CITIES AND TOWNS • ONE STATE STREET, SUITE 502 • PROVIDENCE, R.I. 02908

To ensure your full participation, please notify us of any accommodations necessary for a special need or disability.