



CRASE REGISTRATION

NAME: _____

EMAIL: _____

PHONE: _____

DATES AND TIMES:

- ***SESSION 1***
Thursday October 12th 6:30-7:30am (presentation)
(Question and Answer to follow)

- ***SESSION 2***
Wednesday October 25th 6:30pm—7:30pm (presentation)
(Question and Answer to follow)

MAIL TO: NORTHVIEW COMMUNITY EDUCATION

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