



**ST. JOHN PROVIDENCE PARK HOSPITAL  
NETWORKING EVENT**

*January 14, 2010*

**REGISTRATION**

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**NAME:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**Date:** January 14, 2010

**Time:** 5:30 p.m. – 7:30 p.m.

**Location:** St. John Providence Park Hospital  
47601 Grand River Avenue  
Novi, MI 48374

Please email your registration form to  
[mihealthcareexecgroupandassoc@gmail.com](mailto:mihealthcareexecgroupandassoc@gmail.com)  
or fax to the MHEGA office at (586) 218.4443

Registration questions please call (586) 218.4442