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| <b>REGISTRATION FORM</b><br><b>MACK PARK RESTROOM</b> |
|---|

**Please print or type:**

|                       |  |
|-----------------------|--|
| Name:                 |  |
| Organization/Company: |  |
| Email:                |  |
| Phone:                |  |
| Fax:                  |  |

**Return completed form to:**

|        |                     |
|--------|---------------------|
| Email: | whaskell@saalem.com |
| Fax:   | 978-745-7461        |

