

# CERTIFIED COOPERATIVE DIRECTOR (CCS) REGISTRATION

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Cooperative: \_\_\_\_\_

Cooperative Address: \_\_\_\_\_

**Names of attendees:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cost:** \$350.00 per person

**Make Check payable to:** "Midwest Association of Housing Cooperatives"

**Where:** Noble Square Cooperative    **When:** Saturday November 2, 2019 9am-5pm  
1165 N. Milwaukee Ave.                      Sunday, November 3, 2019 9am-1pm  
Chicago, IL. 60622

Send to: MAHC

PO Box 185

37140 Goddard Rd.

Romulus, MI 48174

(734)955-9516-ofc

(734)955-9518-fax

