

Circle y	our	1 st , 2	nd , a	nd 3	rd che	oice option for	
each of the three sessions.							Fax registration form to:
Session	Α						207-878-6172
First		A2	Α3	Δ4	Α5	A6	
Second		A2					Payment will be required at the door if
Third	Α1	A2	A3	Α4	Α5	A6	registering by fax
Session	В						There is no variety ation by mail this
First	В1	B2	В3	В4	B5	B6	There is no registration by mail this
Second	В1	B2	В3	B4	B5	B6	year. Registration can be
Third	B1	B2	В3	B4	B5	B6	completed online or by fax.
Session	С						Please print legibly and include your
First	C1	C2	C 3	C4	C5		Please print legibly and include your
Second	C 1	C2	C 3	C4	C5		email address.
Third	C1	C2	C3	C4	C5		
							•

name			
organization			
address			
city, state		zip	
phone_	email		

Cancellation policy: There will be no refunds for cancelled registrations. To cancel your registration or for any registration questions, contact ccoddaire@ccsme.org | 207-878-6170

For more information please visit the HOPE 2025 registration sit on Eventbrite