

**WORKPLACE REGISTRATION INFORMATION**

Name of Organization:

Contact Name:

Telephone #:

Email:

Mailing Address:

Work Site Location:

Number of Staff at Site:

* Please check this box if you HAVE clothespins and string that you can use from a previous year.

Register your workplace today! We will send you a package with everything you need to participate. Fax, Email or Call to register your workplace by April 18, 2018. Your support is greatly appreciated.

Fax: 634-2870

Email: [cmhi.adm@gmail.com](mailto:cmhi.adm@gmail.com)

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