



# RECEIVERSHIP TRAINING

MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL  
MASSACHUSETTS HOUSING PARTNERSHIP

May-June 2009

## PROGRAM REGISTRATION

*(Please fill in one registration per person. Print & fax or e-mail.)*

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
City/Town, State & Zip Code

\_\_\_\_\_  
Phone & E-mail

## PROGRAM LOCATION

*(Please choose only one. See next page for more detail on locations.)*

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**WORCESTER**  
College of the Holy Cross  
1 College Street  
May 27

**BOSTON**  
UMASS-Boston  
100 Morrissey Blvd  
June 3

**NEW BEDFORD**  
UMASS-Dartmouth  
800 Purchase Street  
June 4

**HOLYOKE**  
Holyoke Community College  
303 Homestead Avenue  
June 18

## RETURN TO:

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Please return your completed registration to:

**Dina Vargo, Program Manager**  
Massachusetts Housing Partnership  
160 Federal Street, Boston, MA 02110

phone: 617-330-9955 x260  
fax: 617-330-1919  
e-mail: [dvargo@mhp.net](mailto:dvargo@mhp.net)