



**Michigan Lake and Stream Associations**  
**56<sup>th</sup> Annual Conference**  
**Crystal Mountain Resort, Thompsonville, Michigan**



**MiCorps CLMP Training Event Registration Form ONLY**

**Read the directions at the bottom of this form carefully!**

**I will be attending:            Friday, April 21<sup>st</sup> 2017 \_\_\_\_\_**

**I will be attending:            Saturday, April 22<sup>nd</sup> 2017 \_\_\_\_\_**

**Monitoring parameter classes I would like to attend:**

**(Please mark your choices to help us plan for seating and handout materials.)**

**Friday, April 21<sup>st</sup> Classes**

**Secchi Disk \_\_\_\_\_ Spring Phosphorus \_\_\_\_\_ Summer Phosphorus \_\_\_\_\_ Chlorophyll \_\_\_\_\_**

**Dissolved Oxygen \_\_\_\_\_ Exotic Aquatic Plant Watch \_\_\_\_\_ Score the Shore \_\_\_\_\_**

**Saturday, April 22<sup>nd</sup> Classes**

**Aquatic Plant Identification \_\_\_\_\_ Aquatic Plant Mapping \_\_\_\_\_**

**I hope to attend all of the above \_\_\_\_\_**

**Please answer the following questions regarding your/your lake's participation in the CLMP**

**Is this the first year your lake has participated in the CLMP?    Yes    No    circle one**

**If no, how many CLMP training sessions have you attended? \_\_\_\_\_ years**

**Indicate the year your lake was first enrolled in the CLMP? \_\_\_\_\_**

**Lake Name: \_\_\_\_\_ County: \_\_\_\_\_**

**Name: \_\_\_\_\_ Day Phone #: \_\_\_\_\_**

*Only one name per registration – additional attendees please use separate sheet.*

**Address: \_\_\_\_\_**

**City: \_\_\_\_\_**

**State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**E-mail: \_\_\_\_\_**

- **Completing this form will register you for the free MiCorps CLMP training sessions only.**
- **You must be pre-enrolled for 2017 CLMP parameters prior to attending the training event.**  
**Please note: Completing this form does not enroll you or your lake in CLMP parameters!**
- **The CLMP training sessions are free, however, you are responsible for all lodging, meals and travel expenses that you may incur associated with your attendance at the training event.**
- **If you plan on attending ML&SA annual conference related events and seminars, you must register in advance or at the door and pay all conference registration fees.**
- **Please mail this completed form to: Michigan Lake and Stream Associations, Inc.**

**P.O. Box 303  
Long Lake, MI 48743**