November 2-3, 2009

Registration Form

Registration Deadline: Friday, October 23, 2009

Salutation Mr. Ms. Mrs. Dr. Other

Name _____
(First) (Middle Initial) (Last)

Name as it should appear on nametag _____

Title/Position _____

Organization/Agency _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Alternate Telephone _____ E-mail _____

Amount Enclosed

____ Mental Health Connection Member at $75 ____ Non-member at $100 ____ Student at $30

For membership information, please go to www.mentalhealthconnection.org. To apply for a scholarship, call 817-927-5200.

_____ I will need a CEU Certificate for

❑ Physician ❑ LPC ❑ LMFT
❑ LCDC ❑ Nurse ❑ Social Worker

Please check the box next to the category that best describes your involvement in mental health care:

❑ Researcher
❑ Policy Maker/Policy Expert
❑ Pediatrician or Other Primary Care Physician
❑ Private Practitioner (psychiatrist, psychologist, etc.)
❑ Direct Service Staff
❑ Parent/Family Member/Consumer of Mental Health Services
❑ Substance Abuse Treatment/Prevention Provider
❑ Other _____
❑ Agency Executive/Decision Maker
❑ Faith Leader/Chaplain
❑ School Staff/Educator
❑ Supervisor
❑ College Student
❑ RN/Nurse Practitioner

If you would like to participate on a Journal Group in the months following Bridging the Gap, please indicate your area of interest:

❑ Children 0-6
❑ Children 7-12
❑ Adolescents 13-17
❑ Young Adults 18-24
❑ Adults 25-59
❑ Adults 60 and older

Mail registration form and appropriate registration fee to:
Mental Health Connection
3131 Sanguinet
Fort Worth, Texas 76107