Bridging the Gap

November 7-8, 2011

Registration Form

Registration Deadline: Friday, October 28, 2011

General Information

Salutation Mr. Ms. Mrs. Dr. Other

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

Title/Position _____

Organization/Agency _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Alternate Telephone _____ E-mail _____

Registration Fees

____ $75 for Mental Health Connection Members

____ $100 for Non-Members

____ $30 for Students

Membership

For an automatic reduction in the registration fee, join Mental Health Connection as an Individual Member today. Dues are $30 a year.

____ Yes, I want to become an Individual Member. My $30 dues are enclosed.

For information on becoming a sponsor or agency member of Mental Health Connection, please visit www.mentalhealthconnection.org.

Total enclosed: _____

Payment must be included with registration. Credit cards cannot be accepted.

Continuing Education Credits

_____ I will need a CEU Certificate for ❑ LPC ❑ LMFT ❑ LCDC ❑ Social Worker

_____ I will need a certificate of attendance

Mail registration form and appropriate registration fee to:
Mental Health Connection
3131 Sanguinet
Fort Worth, Texas 76107
817-927-5200