

mha Meeting of the Minds
May 15, 2019
Individual Registration (*Please type or print clearly*)

Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

The Small Print: Conference cancellations must be in writing and faxed or post-marked by April 26 to be eligible for a refund less a \$20 non-refundable processing fee. Cancellations after May 11th and no-shows, are not eligible for any refund or credit; and your tuition will be considered a tax-deductible donation to MHA. (IRS TAX ID # 95-2036972). Workshop admission is on space-available basis, so arrive early.

Registration deadline is May 4, 2019 No walk-ins will be accepted

Select One: The Sooner You Register, the More You Save!

- Individual Registration: \$135 (through April 2) \$160 (April 3 - May 4)**
Includes: admission to all workshops, showcase of community resources, catered networking luncheon, keynote presentation, validated parking
- Senior Registration (Age 60+): \$95 (through April 2) \$110 (April 3 - May 4)**
Includes everything under individual registration
- Student Registration: \$85 (through April 2) \$100 (April 3 - May 4)**
Includes everything under individual registration
- Agency Sponsored Mental Health Consumer Attendance: \$50 (through April 2) \$75 (April 3 - May 4)**
*If you are an agency and you are paying for a client to attend, you **must pay** this registration fee. No exceptions.*
- Mental Health Consumer Registration: \$25 (through May 4)**
By signing below, I am certifying that I am low income and requesting a discounted registration fee.

Signed: _____

- Continuing Education Units: \$25** Please indicate type of credit you are requesting: _____
Five hours of continuing education for the following:
Ph.D., Psy.D., LMFT, LCSW, RN for five contact hours. OC Health Care Agency is an approved provider of continuing education credits by the California Board of Behavioral Sciences for Ph.D., Psy.D., MFT, LCSW and by the California Board of Registered Nursing for RNs

*Attendees must **sign-in and sign-out** at CE table to meet criteria for certification.*

OPTIONS:

- Complimentary Luncheon:** YES! I will attend the luncheon at no additional charge.
- I am requesting a vegetarian meal**
- Business Card: \$50 per card** (Submission Deadline: **May 1, 2019**)
Features publication of your business card in conference program that can be helpful in acquainting the Orange County Mental Health community with your practice of specialty. If possible, please submit by email as a **JPEG or PNG** file.
For larger advertisements in the program, see exhibitor/underwriter registration on next page.

Total amount enclosed payable to MHA \$ _____ *Please do not send cash*

Credit Card Authorization: _____ Visa _____ Mastercard _____ American Express	
Credit Card #: _____	Expiration Date: _____
Print Name on Card: _____	Signature: _____

Credit Card Registration: *email* this registration form with credit card information to: presnall@mhaoc.org
Secure e-fax the registration form with credit authorization to: (714) 640-5767
register online: www.mhaoc.org/events

Registration by Mail: *mail* registration form with payment to: MHA, 1971 E. 4th Street, Santa Ana, CA 92705

Call 714-547-7559 with any questions