

**mha** Meeting of the Minds  
**April 25, 2025**  
**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 1 to be eligible for a refund less a \$20 non-refundable processing fee. Cancellations after May 1<sup>st</sup> 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 April 14, 2025      No walk-ins will be accepted**

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

**Individual Registration: \$160 (through March 7) \$185 (March 8 – April 14)**  
Includes: admission to all workshops, showcase of community resources, catered networking luncheon, keynote presentation, validated parking

**Senior Registration (Age 64+): \$120 (through March 7) \$135 (March 8 – April 14)**  
Includes everything under individual registration

**Student Registration: \$100 (through March 7) \$115 (March 8 – April 14)**  
Includes everything under individual registration

**Agency Sponsored Mental Health Consumer Attendance: \$75 (through March 7) \$90 (March 8 – April 14)**  
*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: \$35 (through April 14)**  
*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, CAADE** for four contact hours\*. \*Pending Approval  
*Attendees must **sign-in and sign-out** at CE table to meet criteria for certification.*

*California MediCal Certified Peer Support Specialists are not charged for continuing education units. A certificate and listing of conference workshops will be provided at the end of the event.*

**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: **April 7, 2025**)  
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](mailto:presnall@mhaoc.org)

*Secure e-fax* the registration form with credit authorization to: 714-242-9807

*register online:* [www.mhaoc.org/events](http://www.mhaoc.org/events)

**Registration by Mail:** *mail* registration form with payment to: MHA, 1971 E. 4<sup>th</sup> Street, Suite 130A, Santa Ana, CA 92705

**Call 714-547-7559 with any questions**