

# Conference Registration • online: [macmh.org/confreg](http://www.macmh.org/confreg)

Please use one form per person. Duplicate as needed or download more at [www.macmh.org](http://www.macmh.org). On-site registration will be available as space allows.

Please note: MACMH tracks attendance and participation records by matching First Name, Last Name, and Email. If registering on behalf of someone else, please provide their information, including their email address.

First Name
Last Name
Email

#### Please Note

Registration confirmations are sent via email to the email address provided. The email is your receipt or invoice. No other confirmation will be sent.

Professional Title
Agency/Organization
Address
City State Zip
County
Phone

I have attended the MACMH conference in the past  
 This is my first time at the MACMH conference

#### I heard about this conference via: (fill in circle)

- MACMH Email  
 MACMH Postcard/Brochure/Flyer  
 MACMH Website  
 Google  
 Facebook  
 LinkedIn  
 Voice: Word of mouth  
 Other: (including other organizations, colleagues, websites, etc.)  
 Please specify

#### I am registering as a:

- Family Member - Parent, Grandparent, Caregiver  
 Corrections Professional  
 Early Childhood Professional or Educator  
 Education Professional (i.e. Special Ed & Classroom Teacher, Para, School Nurse, School Counselor, School Psychologist or School Social Worker)  
 Health Care - Nurse, Doctor  
 Mental Health Professional, Psychologist, Psychiatrist, Counselor, MFT  
 Social Services Professional  
 Presenter  
 Other: Please Specify

**Online registration available at**  
[www.macmh.org/confreg](http://www.macmh.org/confreg)  
**Questions?**

Call 651-644-7333 or 800-528-4511

#### Payment and Registration Information

**Payment Policy:** Checks (payable to MACMH), credit card payments, vouchers, and POs are welcome. If paying with a credit card, voucher, or PO, include the billing address in the **Billing Information** box.

**Mail:** MACMH, 165 Western Avenue N, Suite 2, St. Paul, MN 55102

**Fax Registration:** 651-644-7391 or **Scan & Email:** [info@macmh.org](mailto:info@macmh.org)

**Cancellation Policy:** Conference registration fees minus a \$50 administration fee per registration will be refunded if cancellation is made in writing (email [info@macmh.org](mailto:info@macmh.org)) to the MACMH office by April 10th, 2017. Registration can also be transferred to another attendee at no charge. Please contact MACMH if you need to transfer your registration.

#### Please Note

The conference fee includes continental breakfast, lunch, and CEHs.

#### I am attending:

	until March 20	after March 20
<input type="radio"/> Sunday only	\$90	\$99
<input type="radio"/> Monday only	\$190	\$199
<input type="radio"/> Tuesday only	\$190	\$199
<input type="radio"/> Sunday & Monday	\$280	\$298
<input type="radio"/> Sunday & Tuesday	\$280	\$298
<input type="radio"/> Monday & Tuesday	\$340	\$359
<input type="radio"/> Sunday, Monday, Tuesday	\$360	\$379

Discounts available for full-time students and groups of 5 or more. Please call the office for details. (Discounts not available to Sunday-only attendees.)

## Session, Workshop & Lunch Choices

Check  the session times you plan to attend.

**Please Note:** You are not registering for workshops, simply noting your interest.

### Sunday Option 1

**Policy Update** 12:15 – 1:45pm | Add boxed lunch for \$15   
**Symposium** 2:00 – 4:00pm (check symposium choice below)  
  
 **MHED Talks™** 4:15 – 6:45pm

### Sunday Option 2

**Supervision Workshop** 11:00am – 6:00pm | Add boxed lunch for \$15

### Monday

**Workshop Session 1** 10:15am – 12:15pm  
**Lunch** 12:15 – 1:15pm (check lunch choice below)  
 Standard  Vegetarian  Gluten Free  No Lunch  
 **Workshop Session 2** 1:15 – 2:30pm  
 **Workshop Session 3** 3:00 – 4:45pm

### Tuesday

**Workshop Session 4** 10:30am – 12:15pm  
**Lunch** 12:15 – 1:15pm (check lunch choice below)  
 Standard  Vegetarian  Gluten Free  No Lunch  
 **Workshop Session 5** 1:15 – 2:45pm  
 **Workshop Session 6** 3:00 – 4:15pm

#### Billing Information

Amount Due

**Paying by:**  Check  Discover  Visa  Mastercard  American Express  PO/Voucher

Card #	CVV
Name on Card	Exp. Date
Email an invoice/Receipt to	
Billing Address	
PO #	