

# Registration Form

## 42nd National Council Conference

Hilton Chicago, Chicago, IL  
April 15–17, 2012



1701 K Street, NW, Suite 400, Washington, DC 20006-1526  
www.TheNationalCouncil.org/conference

### Registrant Information

Full Name \_\_\_\_\_ Credentials \_\_\_\_\_

Full Name for Badge \_\_\_\_\_

Title/Position \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Registrant Email (required) \_\_\_\_\_ Additional Email Contact \_\_\_\_\_

### Registration Fees

	Super Saver by 1/23/12	Early Bird 3/12/12	Regular after 3/12/12
<b>Annual Conference, April 15–17</b>			
Member	\$725	\$775	\$875
Nonmember	\$925	\$975	\$1,075
<b>Full-Day One-Day University, April 14</b>			
Member	\$299	\$299	\$299
Nonmember	\$350	\$350	\$350
<b>Half-Day One-Day University, April 14</b>			
Member	\$150	\$150	\$150
Nonmember	\$175	\$175	\$175
Two Half-Day Member	\$299	\$299	\$299
Two Half-Day Nonmember	\$350	\$350	\$350

### Celebration of Excellence Dinner, April 16

Dinner			\$100
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### Discounts

Group Discount: 3 or more from same organization \$50 off EACH registration with coupon (code SAVE50)\*  
\*Discounts only apply to registrations paid in full before discount deadline.

### Payment Processing

Payment Method:  Visa  MasterCard  American Express  Check

Name of Cardholder \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Number/PO Number \_\_\_\_\_ CVV No. \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

By submitting my registration, I authorize the National Council for Community Behavioral Healthcare to charge the appropriate registration fees. Forms submitted without payment information will not be processed. I understand that cancellation requests must be submitted in writing and faxed to the National Council Annual Conference at 216.378.1450 (The cancellation form is available at [www.thenationalcouncil.org/conference](http://www.thenationalcouncil.org/conference) or by calling 888.283.4925). A service fee of \$75 will be deducted from all refund requests received by April 1, 2012. Registrants who do not cancel by April 1, 2012 and do not attend will be responsible for the full registration fee. **No refunds will be given for cancellations received after April 1, 2012.**

### Position & Organizational Setting

#### Position (please check one)

- Board Member
- CEO/Executive Director
- CFO
- Children's Services Coordinator
- CIO
- Clinical Director
- Community Board Chairperson
- Compliance Officer
- Consumer & Family Members
- COO
- Elderly Services Coordinator
- Executive Assistant
- Human Resources
- IT Manager
- Medical Director
- Nurse
- Peer Specialist
- Public Information Director
- Quality Management Director
- Social Worker
- State MH Commissioner
- Staff Development & Training
- Substance Abuse Coordinator
- Utilization Management Director
- Other: \_\_\_\_\_

#### Organization (please check all that apply)

- Authority
- Community Health Center
- Integrated Delivery System
- Mental Health Direct Care Provider
- Psychiatric Hospital
- State Association
- State Dept. of Substance Use
- State MH Department
- Substance Use Direct Care Provider
- Other: \_\_\_\_\_

How did you hear about the conference? \_\_\_\_\_

Is this your first National Council Conference?  Yes  No

### Fee Total

Conference	+\$ _____
Pre-conference University (Selection)	+\$ _____
Celebration of Excellence Dinner	+\$ _____
<b>SUBTOTAL</b>	-\$ _____
Group Discount	-\$ _____
Coupon Code	-\$ _____
<b>SUBTOTAL</b>	\$ _____
<b>TOTAL</b>	\$ _____

### Contact

Register online at [www.TheNationalCouncil.org/conference](http://www.TheNationalCouncil.org/conference).  
Download registration form at [www.TheNationalCouncil.org/conference](http://www.TheNationalCouncil.org/conference) and send it by fax or mail (to avoid duplicate charges, do not fax AND mail your form).

Fax your completed form with payment information to 216.378.1450. Or mail it with your check or credit card information to:

42nd National Council Conference Registration  
Tradeshow Multimedia (TMI)  
4350 Renaissance Parkway, Suite D  
Warrensville Heights, OH 44128

If you have questions regarding completing your registration, please call us at 888.823.4925.