

Registration Form

40th National Council Conference

Disney's Coronado Springs Resort, FL
March 15-17, 2010



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

Annual Conference, March 15-17

	Super Saver by 12/16	Early Bird* by 2/1	Regular after 2/1
Member	\$675	\$725	\$825
Nonmember	\$875	\$925	\$1,025

Full-Day One-Day University, March 14

Member	\$299	\$299	\$299
Nonmember	\$350	\$350	\$350

Half-Day One-Day University, March 14

Member	\$150	\$150	\$150
Nonmember	\$175	\$175	\$175
Two Half-Day Member	\$299	\$299	\$299
Two Half-Day Nonmember	\$350	\$350	\$350

The Symposium for CEOs and Boards, March 14

Member	\$150	\$150	\$150
Nonmember	\$250	\$250	\$250

Must register with teammate. Indicated teammate's name here: _____

SAMHSA's CMHS National GAINS Center Conference March 17-19

	\$99	\$99	\$99
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Discounts

Group Discount 3 or more from same organization \$50 off EACH registration* use coupon save50

Marketing & Innovation Institute

Member	\$650	\$650	\$650
Nonmember	\$795	\$795	\$795
Add the Conference	add \$500	add \$500	add \$500

Fabulous Forty Gala at Epcot, March 16

Registrant Fee	\$125	\$125	\$125
Guest Fee	\$125	\$125	\$125

*Discounts only apply to registrations paid in full before discount deadline. Please note discounts do not apply to the Marketing & Innovation, MMA or Gala at Epcot dinner.

Payment Processing

Payment Method: Visa MasterCard American Express Check

Name of Cardholder _____ Exp. Date _____

Card Number/PO Number _____

Cardholder's Signature _____

By submitting my registration, I authorize the National Council for Community Behavioral Healthcare to charge the appropriate registration fees. I understand that cancellation requests must be submitted in writing and faxed to the National Council Annual Conference at 202.684.7472. A service fee of \$75 will be deducted from all refund requests received by February 15, 2010. Registrants who do not cancel by February 15, 2010 and do not attend will be responsible for the full registration fee. No refunds will be given for cancellations received after February 15, 2010. Forms submitted without payment information will not be processed.

Position & Organizational Setting

Position (please check one)

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

Organization (please check one)

- | | |
|---|---|
| <input type="checkbox"/> Authority | <input type="checkbox"/> State Association |
| <input type="checkbox"/> Community Health Center | <input type="checkbox"/> State Dept. of Substance Use |
| <input type="checkbox"/> Integrated Delivery System | <input type="checkbox"/> State MH Department |
| <input type="checkbox"/> Mental Health Direct Care Provider | <input type="checkbox"/> Substance Use Direct Care Provider |
| <input type="checkbox"/> Psychiatric Hospital | <input type="checkbox"/> Other: _____ |

How did you hear about the conference? _____

Is this your first National Council Conference? Yes No

Fee Total

Conference	+\$ _____
Full-Day/Half-Day One-Day University (Selection)	+\$ _____
CEO Symposium	+\$ _____
GAINS Conference	+\$ _____
Marketing & Innovation Inst.	+\$ _____
Gala at Epcot	+\$ _____
SUBTOTAL	-\$ _____
Group Discount	-\$ _____
Coupon Code	-\$ _____
SUBTOTAL	\$ _____
TOTAL	\$ _____

Contact

Register online at www.TheNationalCouncil.org/conference.
Download registration form at 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:
40th 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.