

**2010 ADOLESCENT SYMPOSIUM REGISTRATION FORM**

**April 15, 2010**

**Registration Now Available On-Line at [www.mhadallas.org](http://www.mhadallas.org)**

(Please PRINT one registration form for EACH registrant)

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Day Time Phone \_\_\_\_\_ Employer \_\_\_\_\_  
Email \_\_\_\_\_ **(Required)**

**Morning Workshops: 10:15 a.m. – 11:45 a.m.**

1st Choice ( <i>Please circle ONE</i> )	1	2	3	4	5	6	7	8	9
2nd Choice ( <i>Please circle ONE</i> )	1	2	3	4	5	6	7	8	9

**Afternoon Workshops: 1 p.m. – 2:30 p.m.**

1st Choice ( <i>Please circle ONE</i> )	10	11	12	13	14	15	16	17	18
2nd Choice ( <i>Please circle ONE</i> )	10	11	12	13	14	15	16	17	18

**Afternoon Workshops: 2:45 p.m. – 4:15 p.m.**

1st Choice ( <i>Please circle ONE</i> )	19	20	21	22	23	24	25	26	27
2nd Choice ( <i>Please circle ONE</i> )	19	20	21	22	23	24	25	26	27

**REGISTRATION FEES:**

**Postmarked Before April 1, 2010:**

Individuals: \$65 Professionals \$35 Full-Time students, parents  
CEUs are not available for students or parents

Agencies: \$60 (10-50 attendees) \$55 (50+ attendees)

Fees include continental breakfast and lunch

Agencies sending six or more people should include check(s) and ALL individual Registration Forms in **one envelope**.

**Postmarked After April 1, 2010: \$75**

Times the number of attendees \_\_\_\_\_

**TOTAL ENCLOSED:** \_\_\_\_\_ Total = Fee

*Make check payable to: Mental Health America of Greater Dallas*

Purchase Orders will be accepted for groups of 10 or more.

**ON-SITE REGISTRATIONS ONLY, AFTER APRIL 9, 2010**

**REGISTRATION CONFIRMATIONS GIVEN UPON REQUEST ONLY**

**WE CAN NOT CONFIRM REGISTRATIONS AFTER APRIL 9, 2010**

**CREDIT CARD ORDERS:**

**Fill out the appropriate information below.**

Circle One: VISA Master Card Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Card # \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**TOTAL ENCLOSED:** \_\_\_\_\_ Total = Fee Times the number of attendees

Name as it appears on Credit Card:

[PLEASE PRINT]

Authorized Signature (**required** for ALL credit card orders):

**Register on-line or MAIL check(s) or credit card information along with Registration Form(s) to:**

2010 Adolescent Symposium  
Mental Health America of Greater Dallas  
624 N. Good-Latimer, Suite 200, Dallas, Texas 75204

**REGISTRATIONS VIA FAX (Credit Card Registration ONLY):**

FAX to: Mental Health America of Greater Dallas at **214-954-0611**

*For more information, please call Mental Health America at 214-871- 2420, ext 111*