

Registration Form

8th Annual Conference * October 17 & 18, 2005
Florida Coalition for Optimal Mental Health and Aging

See 2nd page for Conference location and hotel information.

Register early - seating is limited.

Payment must accompany Registration Form.

To qualify for the Florida Coalition Member fee you must

be a member on or before **September 1, 2005.**

To receive the reduced Early Bird fee, registration must be postmarked by **October 3, 2005.**

Make Check Payable to: **USF MSSC**

Photocopy form as needed.

Only Register One Person Per Form. Print Clearly.

Name _____

Affiliation _____
(Print name & affiliation as you would like it to appear on your name tag and certificate.)

Job Title _____

Address _____
 Home or Business Address

City _____ State _____ Zip _____

Business Phone (_____) _____

Home Phone (_____) _____

Email _____

Sign-Up for Concurrent Sessions

There are four Concurrent Sessions (1, 2, 3 and 4), pick one presentation (A, B, C, D or E) you plan to attend in each Concurrent Session. (see Program)

Day 1, 10:15 am
Session - 1 Circle One: 1A 1B 1C 1D

Day 1, 2:45 pm
Session - 2 Circle One: 2A 2B 2C 2D

Day 2, 10:15 am
Session - 3 Circle One: 3A 3B 3C 3D 3E

Day 2, 2:45 pm
Session - 4 Circle One: 4A 4B 4C 4D

Continuing Education Credits

CECs are earned per day.



- Yes, I am requesting CECs. (Cost \$6.00)
- | | | |
|---|---------------|---------------|
| | License # | State |
| <input type="checkbox"/> Addiction Professional | _____ / _____ | _____ / _____ |
| <input type="checkbox"/> Guardian | _____ / _____ | _____ / _____ |
| <input type="checkbox"/> Mar. & Family Ther. | _____ / _____ | _____ / _____ |
| <input type="checkbox"/> MH Counselor | _____ / _____ | _____ / _____ |
| <input type="checkbox"/> Nurse &/or ARNP | _____ / _____ | _____ / _____ |
| <input type="checkbox"/> Psychologist (FL only) | _____ / _____ | _____ / _____ |
| <input type="checkbox"/> Social Worker | _____ / _____ | _____ / _____ |

I would like a Certificate of Participation (Not for CECs) (at no cost)

Mail Registration Form with Payment to:

Jini M. Hanjian, Ph.D.
Department of Aging and Mental Health
Louis de la Parte Florida Mental Health Institute
University of South Florida
Tampa, FL 33612-3899

Only P.O. and Credit Card payments may be faxed:
Fax #: 813-974-1968

Registration Fees (Check One)

I plan to attend: both days of the conference
 Monday only Tuesday only

Early-Bird Fees (Postmarked by October 3, 2005)
2 Days 1 Day
 \$135 \$80 Florida Coalition Member
 \$165 \$90 Non-Member

Fees Postmarked after October 3, 2005
2 Days 1 Day
 \$155 \$90 Florida Coalition Member
 \$180 \$100 Non-Member

\$6.00 CEC Certificate

\$ _____ Total Amount Paid

Method of Payment (Check One)

- Business Check Check # _____
 Personal Check
 Money Order Make check payable to: **USF MSSC**
 P.O. # _____
(must attach documentation)

Credit Card Payment

- VISA
 MasterCard
 American Express



Card# _____

Expiration Date _____

Signature _____

Date of Signature _____

Registration and Fee Policy

- Conference fees include all sessions on Monday and Tuesday, all conference materials, luncheon and continental breakfast both days, and a Certificate of Participation, if requested.
- There are no reduced fees for partial attendance or students.
- No refunds will be available. (If you are unable to attend the Conference, but wish to send a colleague in your place, contact Jini Hanjian at 813-974-5929 by October 10th).
- In the event of Conference cancellation due to inclement weather or other declared disaster, conference fee will be refunded less \$25 administrative fee.
- Registration will be processed only with payment attached (Credit Card, P.O., Money Order, or check payable to USF MSSC).
- Receipts will be provided at the registration desk.
- To check your Conference confirmation go to:
 - <http://www.fcomha.org>
 - Then click on "8th Annual Conference"
 - Then click on "Confirmations"

Facility is air-conditioned please dress appropriately.