



CALIFORNIA COALITION FOR MENTAL HEALTH

California Coalition for Mental Health Meeting

Wednesday, January 12, 2011
10:00 a.m. to 3:00 p.m.
California Hospital Association
Board Room
1215 K Street, Suite 800
Sacramento, CA 95814

First name: _____ Last Name _____
Title: _____
Agency: _____
Address: _____ City: _____ Zip Code: _____
Phone: _____ Fax: _____ E-Mail: _____

REGISTRATION FEES

Early Registration (until January 3, 2011): \$60.00 _____
Late Registration (after January 3, 2011): \$80.00 _____
Registration on Site: \$90.00 _____
Guests: \$75.00 _____

_____ Please indicate if you would prefer a vegetarian meal.

TOTAL AMOUNT ENCLOSED: \$ _____

TO REGISTER: Please fax your completed registration form to 916-447-2350. Checks are to be made payable to CCMH and mailed with completed registration form to CCMH at 1127 11th Street, Ste. 925, Sacramento, CA 95814. You may also bring your payment with you to the meeting. Please call Zima Khanna at 916-557-1167 with any questions.

ACCOMMODATIONS: You are responsible for making your hotel reservations as needed. A block of rooms has not been guaranteed for this event.

CANCELLATION POLICY: ALL CANCELLATIONS AFTER JANUARY 3, 2011 ARE SUBJECT TO PAYMENT FOR ALL COSTS; I.E. MEALS, COPYING FEES, ETC.

Z:\WPDATA\CCMH\2011\meetings\110112 CCMH Meeting Reg Form.doc

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