

**Advancing School-Based Mental Health**  
September 25-27, 2008

**Intensive Training Sessions  
are included!**

(Please type or print)

Name (First): \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Degree: \_\_\_\_\_ Social Security Number (*needed for those applying for CEUs*): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

E-mail: \_\_\_\_\_

**RSVP:**  **Yes, I am planning to attend the reception on Friday, September 26<sup>th</sup>, 2008**

**Payment Registration Fees:**

|  | <u>Early</u> | <u>Standard</u> | <u>Late</u> |
|--|--------------|-----------------|-------------|
| Thursday, Friday, and Saturday<br>( <i>Fees include the Intensive Training Session</i> ) | \$450        | \$475           | \$500       |

**Student Fees:**

|  |       |       |       |
|--|-------|-------|-------|
| Thursday, Friday, and Saturday<br>( <i>Attach a photo copy of your student ID to your registration form to receive discount.</i> ) | \$250 | \$275 | \$300 |
|--|-------|-------|-------|

**Early Bird** (*postmarked before July 15*)

**Standard Rate** (*postmarked after July 15 - August 15*)

**Late Fee** (*postmarked after August 15*)

**Accreditation Fee: \$35**

CEUs will be provided for the following professions: counselors, family therapists, health educators, nurses, physicians, psychologists, and social workers.

**Journal Subscription:** If you have subscribed to the journal, *Advances in School Mental Health Promotion*, you are entitled to a \$50 credit toward your conference registration fees. Please apply this \$50 credit **before** calculating your total

**Total Enclosed: \$ \_\_\_\_\_**

**Methods of Payment**

Check/Money Order - *Make check payable to: University of Maryland Baltimore* (Federal ID Number 52-6002036)

P.O. # (*please attach purchase order*) Payment must be received before August 15.

It is your responsibility to be certain that your agency pays **before** you arrive on-site at the conference.

**Paying by:**  American Express  Discover  Master Card  Visa

Account No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

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

## REGISTRATION CONT'D

**Thursday** (Please write in the session number for each choice)

Breakfast Discussion: \_\_\_\_\_

Paper Session I: \_\_\_\_\_

Paper Session II: \_\_\_\_\_

Community of Practice Training Session: \_\_\_\_\_

Workshop Session I: \_\_\_\_\_

Workshop Session II: \_\_\_\_\_

Paper Session III: \_\_\_\_\_

**Friday** (Please write in the session number for each choice)

Breakfast Discussion: \_\_\_\_\_

Paper Session IV: \_\_\_\_\_

Paper Session V: \_\_\_\_\_

Workshop Session III: \_\_\_\_\_

Workshop Session IV: \_\_\_\_\_

**Saturday** (Please write in the session number for your choice)

Intensive Training Session: \_\_\_\_\_

### **Mail payment and Registration Form to:**

Christina Huntley, Conference Assistant

Center for School Mental Health

University of Maryland Baltimore, Department of Psychiatry

737 W. Lombard Street, 4<sup>th</sup> floor

Baltimore, MD 21201

### **Fax Your Registration Form to: 410-706-0984**

Registrations and payments are due by August 15, 2008. Late registrations will be accepted if space is available.