

## 2009 SUMMIT REGISTRATION FORM

Name \_\_\_\_\_

*(as you would like it to appear on your name badge)*

Credentials (if any used) \_\_\_\_\_

Position/Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

eMail \_\_\_\_\_

Name of Spouse/Personal Guest \_\_\_\_\_

- ACMHA Members \$425  
*(note: 2009 ACMHA Membership Dues must be paid by January 31, 2009 to be eligible for this rate)*
- Non-Member Professionals \$575
- Spouse/Significant Others \$250
- Thursday Only Registrations \$250
- Friday Only Registrations \$250

Registration fee entitles attendees to all program materials and handouts, refreshment breaks, scheduled meals, and social functions.

- First Time Attendee *(Please check this box if this is your first ACMHA Summit)*
- I require vegetarian meals.

TOTAL AMOUNT REMITTED: \$ \_\_\_\_\_

Card Type (MasterCard, Visa only)  MasterCard  Visa  
 Card Number \_ \_ \_ \_ - \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_  
 CVV Code \_ \_ \_  
 Name on Card \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ (mm/yy)  
 Signature of Cardholder \_\_\_\_\_

This form may be faxed with credit card payment to 505-822-5068.  
 Checks should be made payable to ACMHA and sent with this form to:

ACMHA  
 c/o Kris Ericson, PhD  
 7804 Loma del Norte Rd NE  
 Albuquerque, NM 87109

