

**2010 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 Attending \_\_\_\_\_

- ACMHA Member \$425  
*(note: 2010 ACMHA Membership Dues must be paid by January 31, 2010 to be eligible for this rate)*
- Non-Member Professional \$575
- Spouse/Significant Other (Meals/Social Events only) \$250
- Wednesday Only Registration \$250
- Thursday Only Registration \$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: The College for Behavioral Health Leadership  
 c/o Kris Ericson, PhD, Executive Director  
 7804 Loma del Norte Rd NE  
 Albuquerque, NM 87109-5419