

2012 Individual Conference Registration Form

***Please print and mail top portion of this form with your check.**

1. Registration Fee: (Before 04/9/12) (After 04/9/12) On Site
\$175.00 \$195.00 \$205.00

2. How to Register: SUBMIT ONE FORM PER REGISTRANT (COPY FORM AS NEEDED.)

Please Type.

Name: _____ Facility/Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

ADA/Section 504. If you have special needs please contact Diane Dill @ 205-664-2114 by April 12th, 2012.

3. Help! Please help us plan by checking the following events you plan to attend:

- Awards and Recognition Luncheon, Wednesday, May 9th
 Social Event, Wednesday, May 9th

4. Please check one: I need Continuing Education Credit
 I need an Attendance Certificate

5. Method of Payment: Check (make payable to the *Alabama Council*)

Conference registration fee includes all workshops, Awards Luncheon, refreshment breaks, social hour, and continuing education credit, by application. ***No Credit Card payment is available.**

Mail registration form and payment to:

Alabama Council of Community Mental Health Boards
160 Yeager Parkway, Suite 103, Pelham, AL 35124
Telephone (205) 664-2114 • Fax (205) 278-5380
www.alcouncil.com

*****Cancellation Policy: Registrations may be cancelled with full refund until April 9th.**

*Make your Hotel Reservation online: copy and paste the following link into a web browser)
ALABAMA COUNCIL OF COMMUNITY MENTAL HEALTH BOARDS (OR copy and paste the following link into a web browser) <http://www.starwoodmeeting.com/Book/alcommunitymentalhealth12>

Hotel Registration Form

Annual Conference, May 9-10, 2012
Alabama Council of Community Mental Health Boards
Birmingham Jefferson Civic Center

Room Request: Single Double Triple Quad

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Arrival Date: _____ Departure: _____ Sharing with: _____

*Reservations must be made by **April 9th, 2012** to secure a **special conference rate** of:

***Single/Double \$128.00** ***Triple \$138.00** ***Quad \$148.00**

VISA MasterCard Other
Credit Card # _____ Expiration Date _____

Signature: _____

Please return Hotel Registration Form to: **Sheraton-Civic Center Hotel, 2101 Richard Arrington, Jr. Blvd. North, Birmingham, Al 35203, Telephone (205) 324-5000 • Fax (205) 307-3045**

Please return this form to the Hotel before April 9th. Hotel accommodations may be secured by calling the **Sheraton Civic Center Hotel at (205-324-5000)**. Please include credit card guarantee or check for first night deposit. A daily parking fee will be charged to all participants parking in the parking deck.