

CHILDREN'S MENTAL HEALTH SUMMIT REGISTRATION

To register for the Mississippi Children's Mental Health Summit, register online at www.helpkidsthive.org, mail to **Children's Mental Health Summit, c/o Canopy Children's Solutions, Post Office Box 1078, Jackson, MS 39215** or submit this form via fax at **601.968.0021**.

Business/Organization: _____

Contact Name: _____ Phone: _____

Title: _____ Email: _____

Billing Address: _____

City/State/Zip: _____

Attendee's Name: _____

Title: _____ Email: _____

Will this attendee be attending the pre-conference on May 10? Yes (\$50)

Session 1: 101 102 103

Session 2: 201 202 203

Will this attendee be attending the Summit on May 11? Yes (\$100)

This attendee will need CEU credits

This attendee will need a certificate of attendance

Attendee's Name: _____

Title: _____ Email: _____

Will this attendee be attending the pre-conference on May 10? Yes (\$50)

Session 1: 101 102 103

Session 2: 201 202 203

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Session 1: 101 102 103

Session 2: 201 202 203

Will this attendee be attending the Summit on May 11? Yes (\$100)

This attendee will need CEU credits

This attendee will need a certificate of attendance

Pre-conference (May 10): Number of Attendees: _____ X \$50= _____

Summit (May 11): Number of Attendees _____ X \$100= _____

Payment types: Check - Payable to Canopy Children's Solutions (Payment Enclosed)

Paymode - Use Mississippi Children's Home Society. Please fax in completed form to 601.968.0021.

Credit Card

Amount authorized to charge credit card: American Express Discover Mastercard Visa

Credit Card Number: _____ Expiration Date: _____

*Signature: _____ Card Verification Number: _____

*By signing above you are authorizing Canopy to charge this card for the amount shown above. You also hereby guarantee payment of the amount shown.