

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**. **REGISTRATION DEADLINE IS MAY 1, 2019.**

Business/Organization: _____

Contact Name: _____ Phone: _____

Title: _____ Email: _____

Billing Address: _____

City/State/Zip: _____

Attendee's Name: _____

Title: _____ Email: _____

May 8 - This attendee will be attending the Summit Yes (\$100)

May 9 - This attendee will be attending Post Conference Breakout Sessions: Yes (\$50)

Session 1: (Choose 1) 101 102 103

Session 2: (Choose 1) 201 202 203

OR This attendee will be attending Youth Mental Health First Aid: Yes (no fee)

This attendee will need CEU credits This attendee will need a certificate of attendance

Attendee's Name: _____

Title: _____ Email: _____

May 8 - This attendee will be attending the Summit Yes (\$100)

May 9 - This attendee will be attending Post Conference Breakout Sessions: Yes (\$50)

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This attendee will need CEU credits This attendee will need a certificate of attendance

May 8 - Number of Summit attendees: _____ X \$100= _____

May 9 - Number of Session 1 & 2 attendees (NOT MENTAL HEALTH FIRST AID): _____ X \$50= _____

May 9 - Number of Youth Mental Health First Aid: _____

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.