

# CHILDREN'S MENTAL HEALTH SUMMIT REGISTRATION

To register for the Mississippi Children's Mental Health Summit, register online at [www.helpkidsthive.org](http://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  204

**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)

Session 1: (Choose 1)  101  102  103

Session 2: (Choose 1)  201  202  203  204

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

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

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**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

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.