

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 APRIL 30, 2021.**

Business/Organization: _____

Contact Name: _____ Phone: _____

Title: _____ Email: _____

Billing Address: _____

City/State/Zip: _____

Attendee's Name: _____

Title: _____ Email: _____

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

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Number of Summit attendees: _____ X \$50= _____

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.*