



National Alliance on Mental Illness

NAMI

Maryland

2016 ANNUAL CONFERENCE REGISTRATION FORM

PERSONAL INFORMATION

First Name:						
Last Name:						
Email:		Phone:				
Address 1:						
Address 2:						
City:		State:		Zip:		
County:						
Membership Information:	<input type="checkbox"/>	NAMI Member	<input type="checkbox"/>	Non-member		
Military Status:	<input type="checkbox"/>	Non-military	<input type="checkbox"/>	Active Military	<input type="checkbox"/>	Retired Military
Relationship to Mental Illness:	<input type="checkbox"/>	Family Member	<input type="checkbox"/>	Individual with Mental Illness	<input type="checkbox"/>	Community Provider
	<input type="checkbox"/>	Other (please describe):				

PROFESSIONAL INFORMATION

Company:					
Job Title:					
Address 1:					
Address 2:					
City:		State:		Zip:	

NAME TAG INFORMATION

Preferred Name for Name Tag:	
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SPECIAL REQUESTS

(Please note that we will do our best to accommodate your requests but it is not guaranteed.)

Please indicate your request:	
Please indicate food allergies or restrictions:	

Continuing Education Units:

Sponsored by Mental Health Services Training Center University of Maryland, Baltimore

As an accredited academic institution, the University of Maryland School of Medicine's Mental Health Services Training Center is an approved sponsor of the Maryland Board of Social Work Examiners for 6 Continuing Education credits (Category 1) per day for licensed social workers in Maryland; as a sponsor of 6 Continuing Education (CE) per day acceptable to the Maryland Board of Examiners of Psychologists; and 6 Continuing Education Units (Category A) per day by the Board of Professional Counselors and Therapists, upon completion of this training and a completed evaluation. The Training Center maintains responsibility for this program. A Certificate of Attendance will be made available for all other disciplines.

Indicate the type of attendance verification required:

- Continuing Education Credit (CEU) social worker, psychologist, licensed professional counselors and therapist
- Certificate of Attendance (COA) nurses and all other disciplines

Conference Registration Fees:

Please check the box next to your choice(s):

NAMI MEMBERS					
	Details	Early Bird Rate (ends 9/30/16)	Regular Rate for family members & individuals with mental illness (begins 10/1/16)	Regular Rate (begins 10/1/16)	
<input type="checkbox"/>	Two Day Registration	Registration, lunch, and refreshments for both days	\$145	\$155	\$175
<input type="checkbox"/>	Friday Registration	Registration, lunch, and refreshments for Friday ONLY	\$85	\$95	\$115
<input type="checkbox"/>	Saturday Registration	Registration, lunch, and refreshments for Saturday ONLY	\$85	\$95	\$115

NAMI NON-MEMBERS					
	Details	Early Bird Rate (ends 9/30/16)	Regular Rate for family members & individuals with mental illness (begins 10/1/16)	Regular Rate (begins 10/1/16)	
<input type="checkbox"/>	Two Day Registration	Registration, lunch, and refreshments for both days	\$225	\$235	\$250
<input type="checkbox"/>	Friday Registration	Registration, lunch, and refreshments for Friday ONLY	\$165	\$175	\$190
<input type="checkbox"/>	Saturday Registration	Registration, lunch, and refreshments for Saturday ONLY	\$165	\$175	\$190

JOIN NOW!! Become a NAMI Member

<input type="checkbox"/> Annual Membership	\$35
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Payment Options:

- **Website:** Register and pay through the NAMI Maryland Conference link on our website (www.namimd.org).
- **Check:** Complete the registration form and mail together with your payment. Registration forms submitted by mail that are not accompanied with a payment will not be processed. Checks should be made payable to: **NAMI Maryland** Mail to: **NAMI Maryland, Conference Registration, 10630 Little Patuxent Parkway, Suite 475, Columbia, MD 21044.**
- **Credit card:** Credit card payments can also be accepted by phone. Please call 410-884-8691.

**NAMI Maryland
10630 Little Patuxent Parkway
Suite 475
Columbia, Maryland 21044
(410) 884-8691
www.namimd.org**