

2016 Montana Conference on Mental Illness
October 26, 27, 28, 2016
“ACT, ADVOCATE, ACHIEVE”
Radisson Colonial Hotel
HELENA, MONTANA

CONFERENCE REGISTRATION FORM

PLEASE SUBMIT ONE REGISTRATION PER PERSON **DUE: October 23, 2016 (postmarked)**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

_____ Enclosed is my \$160.00 registration fee (includes Thursday lunch and Dinner; Friday lunch)

_____ \$100.00 (single day) _____ which day. (includes meals being offered that day).

_____ \$180.00 late registration (after October 23, 2016)

_____ I WILL attend the Thursday night banquet (if this is not checked, a reservation will NOT be made for you for the banquet Thursday night).

_____ Dietary Restrictions _____

_____ I would like to contribute to the scholarship fund (enclose check)

You need to make your own room reservations. When you call for reservations reference the Montana State Conference on Mental Illness to receive the conference rate: 1-406-443-2100. If you have questions contact Sandy at: 406-458-9738 or NAMI-MT 406-443-7871 or email 2mihelishes@bresnan.net. Make checks Payable to: Conference on Mental Illness and mail this form and fee to:

CONFERENCE ON MENTAL ILLNESS
618 Edgerton Road
HELENA, MT 59602

To Register and pay online go to: www.namimt.org