

REGISTRATION FORM

17th Annual Conference

September 14-16, 2011



Latino Behavioral Health Institute

"Advancing Latino Behavioral Health: From Margin to Mainstream"

REGISTRANT INFORMATION (print clearly)

First Name _____ MI _____ Last Name _____

Affiliation/Organization Name (if any) _____

Address _____ City _____ State _____ Zip _____

Phone Number including area code (optional) _____ Email (For registration confirmation/denial) _____

REGISTRATION FEES

3 Day Conference –September 14-16, 2011 - **\$200.00** CME/CE/CEU Request License _____

OR License: PhD PsyD

Individual Days Attendance - check date(s) (2 maximum)

Sept. 14, 2011 - **\$75.00** MD LCSW

Sept. 15, 2011 - **\$75.00** MFT RN

Sept. 16, 2011 - **\$75.00** CAADAC Other: (list below)

Total: \$ _____

PAYMENT INFORMATION

Credit Card Payment Credit Card _____

Visa MasterCard Discover Card

Write billing information for this credit card holder:
Name, address, and phone number (print clearly)

Exp. Date: _____ / _____ 3-Digit Security No. _____

_____ Telephone Number _____

Check # _____ Make check payable to LBHI and mail directly to LBHI, P.O. Box, 1008, Thousand Oaks, CA 91360

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You will be registered officially at the time that your payment is received.

Space is limited; please arrive early. For additional information call (818) 713-9595 or go to website at

www.lbhi.org

Written request for refunds must be postmarked by August 31, 2011. A \$25 administrative fee will be assessed.

No refund requests will be honored after August 31, 2011