



National Consumer Supporter Technical Assistance Center



MHA's National Consumer Supporter Technical Assistance Center Workshop
Albuquerque, New Mexico
January 7 - 9, 2008

REGISTRATION FORM

Registration Deadline: Thursday, December 27, 2007

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_
ORGANIZATION: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_\_\_ YES, I will be attending, but DO NOT need a hotel reservation
\_\_\_\_\_ YES, I will be attending, and I WILL need a hotel reservation

HOTEL: Embassy Suites Albuquerque
1000 Woodward Place, NE
Albuquerque, NM 87102
505.245.7100

PLEASE NOTE:

- 1. Mental Health America's NCSTAC will pay for your transportation to this meeting. To make airline reservations, please call Lynn Hendrick at Avenue Travel (1-888-548-5554 or lynn@avenuetravel.com) and inform Lynn that you are attending the NCSTAC Workshop Albuquerque, NM. Please schedule your travel to arrive on Sunday, January 6 and depart no earlier than 4:00 pm Wednesday, January 9. You may choose to stay in the hotel Wednesday and depart Thursday at no expense to you.
2. All travel arrangements should be made prior to December 28, 2007 to allow for the least expensive rate of transportation.
3. If you will be driving to the conference, please indicate that below. Mental Health America's NCSTAC will reimburse for mileage and parking at the Embassy Suites Hotel.

Mental Health America will cover hotel room for up to four nights. (Check-in: Sunday, January 6th - Check-out: Thursday, January 10)

I will need a room at the hotel on: (Date) \_\_\_\_\_ Time of Check-In: \_\_\_\_\_ AM/PM
I will check out on: (Date) \_\_\_\_\_

I will need a room reserved for: \_\_\_\_\_ single \_\_\_\_\_ double \_\_\_\_\_ smoking \_\_\_\_\_ non-smoking

\*If "Double" is selected, list the person with whom you would like to share a room. \_\_\_\_\_

Traveling by: \_\_\_\_\_ Airline \_\_\_\_\_ Personal Car \_\_\_\_\_ Train

Special Needs: (please specify - vegetarian, wheelchair access, etc.) \_\_\_\_\_

PLEASE RETURN THIS FORM NO LATER THAN Thursday, December 27, 2007 TO MIKE KING - via fax (fax 703-684-5968) or email (mking@mentalhealthamerica.net). A room reservation will be made for you. There is no need for you to call the hotel directly if you send in this form by the designated date. Please make a copy of this form for your records. If you have any questions, - please call Dianne Dorlester at 703.838.7538.