

“Facilitating Access and Continuity of Care through Partnership” Registration Form

October 2, 2013

Please complete this registration form and return by email or fax by **September 20, 2013**.

Click here to email [or the address is MH-MAS-October2013Conference@mha.ohio.gov](mailto:MH-MAS-October2013Conference@mha.ohio.gov)

Fax: (330) 833-6564

Name: _____

Organization/Agency: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

LUNCH

Lunch will be provided at a cost of \$5.00 per meal; meal payment will be collected upon registration on site. If interested in lunch, please check the appropriate box.

Yes, I am interested in Lunch No, I am not interested in Lunch

CONTINUING EDUCATION CREDITS (Please check the appropriate box for type of credit desired:)

Psychology Counselor Social Work RN/LPN MD/DO

CEU Information: If you are applying for the above Continuing Education Credits, please supply the following information
(Note: without this information you will not be eligible for CE credit.):

Discipline

SS# or License Number

Conference location:

Heartland Behavioral Healthcare

3000 Erie St. S.

Massillon, Ohio 44646

(330) 833-3135

Registration begins at 8:30 a.m. and will wrap up at 4:30 p.m.

