

Latino Behavioral Health Institute

14th Annual Conference

Sept. 16-18, 2008



“Addressing Latino Behavioral Health Requirements in the Workforce, Prevention and Early Intervention”

Registration Form

CONFERENCE REGISTRATION

General Conference

3 Day Conference September 16-18 \$200.00

or

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

Tuesday, September 16 \$75.00

Wednesday, September 17 \$75.00

Thursday, September 18 \$75.00

Pre-Conference

Monday, September 15 \$75.00

Evening Entertainment Event

Wednesday, September 17 \$15.00

METHOD OF PAYMENT

Purchase Order # _____

(attach purchase order to completed registration form)

Contact Name _____

Contact Phone _____

Check # _____ Payable to LBHI

VISA or Master Card

Credit Card # _____

Exp. Date _____

3-Digit Code _____

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Signature _____

PARTICIPANT INFORMATION

Name _____

Street Address _____

City _____

State _____

Zip _____

(____) _____

Phone _____

(____) _____

Fax _____

Agency/Affiliation (if applicable) _____

Email _____

Check for CE credit

License Number _____

Discipline _____

MD Ph.D. PsyD

LCSW MFT RN

CAADAC

Space is limited, please register early. Make checks payable to LBHI and mail to: **LBHI, 10605 Balboa Blvd., Suite 225, CA, 91344**. For additional information, write to the above address or call (818) 831-3395. Written request for refunds must be postmarked by September 5, 2008. A \$25 administrative fee will be assessed. No refund requests will be honored after September 1, 2008. website: www.lbhi.org e-mail: info@lbhi.org