

# REGISTRATION FORM



# SUPERVISING TO OUTCOMES

*Training Opportunities for Supervisors  
& Coordinators of AB 2034 Programs\**

## WHEN & WHERE

### BAY AREA REGION

**Tuesday, September 25  
and Wednesday, September 26, 2007**  
**SCAYD Family Resource Center**  
7345 Burton Avenue • Rohnert Park, CA

\*Non-AB 2034 Supervisors, please contact Beth Conley for participation **APPROVAL** at (916) 556-3480, ext. 138, or send an e-mail to [bconley@cimh.org](mailto:bconley@cimh.org).

**APPROX. 8:30 AM – 4:00 PM BOTH DAYS**

**REGISTRATION FEE: \$45.00** *Seats are limited.*

*Registration includes morning snacks, lunch, and training materials.*



### PLEASE PRINT

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ **ADA/Dietary Needs:** \_\_\_\_\_

**PAYMENT or BILLING INFORMATION** (please mark method of payment and provide all requested information):

PO #: \_\_\_\_\_  Check #: \_\_\_\_\_

Visa or  MasterCard: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**REGISTRATION FEE:** A check, money order, purchase order, or VISA/MasterCard for the full amount of the registration fee must accompany each registration form. There will be a \$15.00 charge for returned checks. CHECKS ARE PAYABLE TO CIMH. CIMH TAX I.D. # 68-0314970. **CANCELLATION POLICY:** By registering for this training, you are liable for the registration fee whether or not you attend. Refunds will be honored provided a written notice of cancellation is received within 24 hours prior to the first day of training.

**MAIL OR FAX COMPLETED REGISTRATION FORM ON OR BEFORE FRIDAY, SEPTEMBER 21, 2007**

California Institute for Mental Health • 2125 19th Street, 2nd Floor • Sacramento, California 95818

Fax to: (916) 556-3483 • Questions? Contact: Lucha Olguin, (916) 556-3480, ext. 144 • E-mail: [lolguin@cimh.org](mailto:lolguin@cimh.org)