

What Families Want Conference
Central Maine Community College, Auburn
Saturday, September 15, 2007, 8:30 a.m. - 4:30 p.m.

Agency/Provider Display Table Registration Form

Agency/Provider: _____
Contact Person: _____ Title: _____
Person attending (if different from above): _____
Address: _____ City: _____
State: _____ Zip Code: _____
Telephone: _____ E-mail: _____
Type of Service(s) Provided: _____

Display must be staffed at all times. Tables are limited, so pre-registration is required by August 15, 2007.

Provider Table: _____ \$25.00
Family Organization Table: _____ \$10.00
(Fee will cover lunch for one staff member)
Additional Lunches: _____ \$10.00

Name of additional staff person(s): _____

*If you have staff that plans to attend the conference, registration is required. There is a \$50.00 fee for providers/professionals.

Please list any accommodations or special dietary needs:

Please return the completed form and payment made out to Treasurer, State of Maine, no later than August 15th. Mail to:

Department of Health and Human Services
Attn: Ned Vitalis, Children's Behavioral Health
State House Station #11
Marquardt Building, 2nd Floor
Augusta Maine 04333

The planning group for the WFW Conference is a collaborative partnership between: family members and youth, Children's Behavioral Health Services (CBHS), GEAR Parent Network, Learning Disabilities Association (LDA) of Maine, Maine Parent Federation (MPF), National Alliance for the Mentally Ill (NAMI) Maine and the THRIVE Initiative.