

Mental Health Association in Suffolk County, Inc.
199 N. Wellwood Avenue
Lindenhurst, NY 11757
631-226-3900

CONFERENCE REGISTRATION FORM – MAIL IN

First Name _____ Last Name _____

Company/Organization (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Date of Conference/Event _____ No. of tickets @ \$40 per ticket _____

Amount enclosed or to charge your credit card \$ _____

List Other Attendees

Please make checks payable to The Mental Health Association in Suffolk County, Inc.

If using a credit card, form may be faxed to 631-225-1708.

AMEX

VISA

MC

DISCOVER

Account # _____ / _____ / _____ / _____

Expiration Date: ____/____

Signature: _____