Early Mental Health Initiative

Request for Application EMHI-2008 Information Meeting Sponsored by the California Department of Mental Health

REGISTRATION FORM

County:	School District/COE/Organization:
School Site(s):	Number Attending:
Names:	Telephone Number:
	FAX Number:

Check Appropriate Box:

DATE	LOCATION	TIME
February 26, 2008	Atrium Hotel 18700 MacArthur Boulevard Irvine, CA 92612 Tel. (949) 833-2770 See http://www.atriumhotel.com/	9:00 am to 2:00 pm

March 5, 2008	Radisson Hotel Sacramento 500 Leisure Lane Sacramento CA 95815 Telephone: (916) 922-2020	10:00 am to 3:00 pm
	See http://radissonsac.com/	

Please mail me a copy of the Request for Application

Name:	
Mailing Address:	
City:	Zip Code:

THERE IS NO REGISTRATION FEE

Return by fax OR mail to:

James Queirolo Department of Mental Health – Early Mental Health Initiative 1600 Ninth Street, Room 350 Sacramento, CA 95814 Phone: (916) 653-7988 FAX: (916) 654-2739