

Early Mental Health Initiative

Request for Application EMHI-2009 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
<input type="checkbox"/> April 13, 2009	Clarion Hotel Sacramento 700 16th Street Sacramento, CA 95814 Telephone: (916) 444-8000 See http://www.clarionhotel.com	10:00 am to 3:00 pm

<input type="checkbox"/> April 15, 2009	Hilton Ontario Airport Hotel 700 North Haven Avenue Ontario, CA 91764 Telephone: (909) 980-0400 See http://www.hhontario.com	9:00 am to 2:00 pm
---	--	--------------------

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:

Lois Williams
Department of Mental Health – Early Mental Health Initiative
1600 Ninth Street, Room 150
Sacramento, CA 95814
Phone: (916) 651-0689
FAX: (916) 654-2739