

CALIFORNIA NETWORK *of* MENTAL HEALTH CLIENTS  
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**Reaching Across Our Regions**



Registration Information

Please register with CNMHC. **All registrations must be by fax** at 916.443.4089 or by email to: ReachingAcrossOurRegions@californiaclients.org.

PLEASE NOTE: There will be no cancellation or refunds after the cut – off date.

Early Registration Fee: **\$75.00** - Full Conference Early Registration Fee (on or prior to cut-off date of event)  
Fee after cut-off date or On Site: **\$85.00**  
One-Day Rate: **\$50.00**

**Hotel Reservations:** Please visit [www.californiaclients.org](http://www.californiaclients.org) for details. Lodging arrangements will be the responsibility of conference attendee.

**Bay Area Region**

May 19 – 20, 2010  
Cut – Off Date: 5/14/10  
Masonic Center  
2500 Masonic Dr.,  
San Jose, CA 95125

**Central Valley Region**

May 21 – 22, 2010  
Cut-Off Date: 5/14/10  
Stribley Community Center  
1760 East Sonora Street  
Stockton, CA 95202

**South Region**

May 28 – 29, 2010  
Cut-Off Date: 5/21/10  
SHARE!  
6666 Green Valley Circle  
Culver City, CA 90230

**Far North Region**

June 4 – 5, 2010  
Cut-Off Date: 5/28/10  
United Methodist Church  
544 N. Shasta Street  
Willows, CA

**Far South Region**

June 17- 18, 2010  
Cut-Off Date: 6/11/10  
Location TBA

**Reaching Across Our Regions**



**Registration Form**

(Please check the meeting you would like to attend.)

- Bay Area Region     Central Valley Region     South Region     Far North Region     Far South Region  
May 19 – 20, 2010    May 21-22, 2010    May 28 – 29, 2010    June 4 – 5, 2010    June 17 – 18, 2010

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Area Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
County: \_\_\_\_\_

**I am enclosing:**

- \_\_\_ **\$75.00** - Full Conference Early Registration Fee (on or prior to cut-off date of event)  
\_\_\_ **\$85.00** - Full Conference (after cut-off date of event)  
\_\_\_ **\$50.00** - One-Day ONLY

**I am being sponsored and my fees will be paid by:**

County: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Contact person & Phone Number: \_\_\_\_\_

**Exhibit Table**

Vendor Space \$25.00 Per Day \_\_\_\_\_  
Contact Person & Ph. # \_\_\_\_\_

**Special Needs**

I have special dietary needs: \_\_\_Vegetarian \_\_\_No Dairy  
Other: \_\_\_\_\_  
I have conference accommodation  
needs: \_\_\_\_\_  
I have language translation/communication  
needs: \_\_\_\_\_

Send to: California Network of Mental Health Clients  
2012 19<sup>th</sup> Street, Suite 100  
Sacramento, CA 95818  
Phone: 1 800 626-7447 or 916 443-3232  
Fax: 916-443-4089  
E-mail: ReachingAcrossOurRegions@californiaclients.org

For Conference Information Visit: [www.californiaclients.org](http://www.californiaclients.org)