

CONFERENCE REGISTRATION FORM

“Valued Roles: Psychiatric Rehabilitation and The Road to Recovery”

Please type or print the information below and photocopy this form as needed.

Please use a separate form for each registrant. TELEPHONE REGISTRATIONS CANNOT BE ACCEPTED.

USPRA Member # _____ (Must be included to receive the member rate)

Individual membership _____ Agency membership _____

Name _____

Last

First

Institution/Agency Affiliation _____

Address _____

City _____ State _____ Zip _____

County _____

Day Phone () _____ Fax() _____

E-mail Address _____

If you have received a voucher/scholarship please note the number here # _____ *

*Please attach the voucher/scholarship to this registration form when submitted.

3 Day Registration (Tuesday-Thursday)

Member Cost \$350.00 **\$315.00 (Early Bird)**
Non-Member Cost \$400.00 **\$360.00 (Early Bird)**

2 Day Registration*

Member Cost \$295.00 **\$266.00 (Early Bird)**
Non-Member Cost \$350.00 **\$315.00 (Early Bird)**

1 Day Registration*

Member Cost \$175.00 **\$158.00 (Early Bird)**
Non-Member Cost \$225.00 **\$203.00 (Early Bird)**

10% discount if registering before February 21, 2011.

10% discount if registering four (4) or more individuals.

**Please indicate which day(s) you are attending then tentatively identify below the workshops you think you may attend for our planning purposes:*

Tuesday (), Wednesday (), Thursday ()

SCHOLARSHIPS

A limited number of scholarships are available for conference registration fees. If you need scholarship assistance, please contact NAMI of PA, PA Mental Health Consumers Association, your County Administrator or local Mental Health Program to see if they can offer financial aid. To be considered for a scholarship, please contact Kathyann Corl at (717) 558-8450 ext. 131 or Stephanie Cameron at (215) 221-5535. If approved for a scholarship please submit the voucher received along with a completed registration form.

SPECIAL REQUESTS

- Vegetarian
 Special Assistance (specify) _____

Fees include seminars, workshops, continental breakfast, lunch, and rolling breaks. Registration fee does not include overnight accommodations or evening meals. A block of rooms have been reserved at special conference rates: single occupancy \$109.00; double occupancy, \$119.00; triple occupancy \$129.00; and quadruple occupancy, \$139.00. Reservations can be made by calling 1-800-233-7505. Please let the reservationist know that you will be attending the PAPSRS conference. The conference reservation identification number is PAPD11B.

CPRP tracking forms will be available to keep record of the workshops you have attended. Certificates of attendance will also be provided at the end of each session. Please be certain to have your CPRP card or certification number with you for your documentation convenience.

Please note: The Penn Stater Hotel is completely smoke free.

Full payment must accompany the registration form. If you wish to pay by credit card please complete the attached form and submit with your registration. A \$25.00 administrative fee will be deducted from all refunds for cancellations. Please return your completed registration form(s) March 21, 2011. No refunds can be issued following this date.

Please make checks payable to: PAPSRS

And send registration form(s) to:

PAPSRS Registration

c/o Hedwig House

1314 High Street

Pottstown, PA 19464 or

jenniferszostek@hedwighouse.org

If you have any questions about the conference please call:

Jennifer McLaughlin at (570) 286-2052, ext. 30024 or

mclaughlinj@csgonline.org

Tuesday Institutes

8:30 AM – 11:45 AM
T1 _____ T2 _____ T3 _____ T4 _____

1:15 PM – 4:30 PM
T1 _____ T2 _____ T5 _____ T6 _____

Wednesday Workshops

10:30 AM – 12:00 PM
W1 _____ W2 _____ W3 _____ W4 _____ W5 _____

3:15 PM – 4:45 PM
W6 _____ W7 _____ W8 _____ W9 _____

W10 _____ W11 _____

Thursday Workshops

10:30 AM – 12:00 PM
TH1 _____ TH2 _____ TH3 _____ TH4 _____ TH5 _____

1:15 PM – 2:45 PM
TH6 _____ TH7 _____ TH8 _____ TH9 _____ TH10 _____

3:15 PM – 4:45 PM
TH11 _____ TH12 _____ TH13 _____
TH14 _____ TH15 _____

CREDIT CARD PAYMENT REQUEST

PAPSRS can charge registration fees to any credit card

**Complete all of the following information and submit
this form with your registration:**

Name of card holder, exactly as it appears on the card (First, MI, Last):

Card type: (i.e. Discover, Visa, MasterCard, AmEx):

Card Number#: _____

Expiration Date: _____

Security Code: _____

Amount you are authorizing for this purchase: \$ _____

Address the card charges are billed to (street, city, state, zip):

**A receipt for transactions processed will be provided to you on day of the
Conference.**

PAPSRS will not retain any credit card information after payment is approved.
