

Mental Health Conference Registration Form

Saturday, April 30, 2005

8:00 a.m. to 1:45 p.m.

Damon City Campus

Please Print:

Last Name _____

First Name _____

Address _____

Home Phone _____

Work Phone _____

Please check one of the following: MCC Student: _____ MCC Faculty/Staff: _____

Human Services Worker: _____ Agency: _____

You will be contacted to confirm your reservation.

Please indicate the MH course number that you would like to attend for each session:

Session One

11 a.m. to 12:15 p.m.

First Choice _____

Second Choice _____

Session Two

12:30 a.m. to 1:45 p.m.

First Choice _____

Second Choice _____

Will you be attending continental breakfast? _____

Mail this registration form to:

Registration Deadline: Friday, April 22, 2005

Human Services Department

Damon City Campus

Monroe Community College

228 East Main Street

Rochester, New York 14604

Or fax a copy of this form to: (585) 262-1636.

For more information, please call (585)262-1633 or e-mail pfahy@monroecc.edu