



NAMI CALIFORNIA ANNUAL CONFERENCE 2016 GROUP (of Four or More) RATES SPECIAL

Name of Group: _____ Guest Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

2-Day Rate

- Member \$150
- Non-Member \$185
- Youth/Consumer who is a Member \$100
- Youth/Consumer who is a Non-Member \$135

1-Day Rate

Please circle which day will you be attending **FRIDAY** or **SATURDAY**

- Member \$105
- Non-Member \$140
- Youth/Consumer who is a Member \$70
- Youth/Consumer who is a Non-Member \$105

*****Friday Lunch not provided*****

- Friday Dinner: Chicken: Fish: Vegetarian:
- Saturday Lunch: Chicken: Fish: Vegetarian:

Yes, I'd like to become or renew my NAMI membership! \$35 **TOTAL:** _____

Yes, I will be attending the Consumer Empowerment Luncheon on Friday

Make Check payable to NAMI California

Visa Master Card American Express

Account# _____ Exp Date ____/____/____

3-4 Digit Security# _____

Signature: _____

Cut- off Date: Deadline for Receiving Registration form for the GROUP RATE SPECIAL is June 6 , 2016.

Returned checks Policy: A processing fee of \$30 will be assessed for any returned checks due to insufficient funds.

Photo Release: In consideration of the right of the applicant to participate in this event, I give consent to and authorize the taking of photographs or videotapes in which the applicant may appear. I waive all right of privacy in and to any said photographs or videotapes.

Cancellation Policy: A \$35 cancellation fee to cover operating expenses will be charged to those who register, but cannot attend. To cancel, you must notify the NAMI California office in writing no later than July 31, 2016. No refunds will be made after this date.