

VOCAL Statewide MH Recovery Conference "Charting the Journey", May 18-20, 2015

James Madison University, Harrisonburg

REGISTRATION FORM

Name: _____

One registration form per person, please.

Address: _____

City/State/Zip: _____

Area Code and Phone # _____ Email: _____

Please check registration information that applies to you:

_____ Full conference rate, overnight (double occupancy) with all meals = \$360 (lunch Mon. through lunch Wed.) for registrants with income over \$2000/month

_____ Reduced conference rate for registrants with income of \$1000-2000/month, overnight (double occupancy) with all meals (lunch Mon. through lunch Wed.) = \$180

_____ Early check-in or any one night, regardless of income (double occupancy) = \$75

_____ Single room rate = \$75/night (in addition to conference registration rate)

_____ 1 day conference rate = \$60 _____ Reduced rate day attendance with income of \$1000-2000/month = \$30

_____ Full cost, any meal for those attending days only = \$10

_____ Reduced cost, any meal, for those attending days only (for income of \$1000-2000/month) = \$7

_____ *Scholarship rate for those with net income of less than \$1000/mo. for any part of conference

_____ any number of meals, and overnight accommodations, double occupancy = \$30

Scholarships will be given on a first come, first serve basis, and only to individuals paying for themselves. No scholarships will be given when organizations/groups are paying to send people to the Conference. Scholarship requests must be received NO LATER THAN MONDAY, APRIL 20th! Please contact your CSB, Clubhouse or other organization you are affiliated with, about sponsorship for you before requesting a VOCAL scholarship.

Scholarship recipients must commit to attendance at the VOCAL Annual Meeting on Tuesday, May 19th and commit to volunteer with various Conference small tasks/responsibilities/needs. Scholarship recipients must be willing to write a brief review of their Conference experience and submit it to the VOCAL Network office.

GROUP RATES FOR 10 OR MORE FOR FULL CONFERENCE AVAILABLE. CONTACT NETWORK OFFICE FOR INFORMATION

*Overnight accommodations at the reduced and scholarship rates are for attendees who live outside a 40 mile radius of Harrisonburg. April 20th is the final date for registration for overnight registrants. Commuters may register at the door, although pre-registration is preferred.

* All meals will be served cafeteria-style, so there will be several options available

* All dormitory rooms are double occupancy

* Elevators available in campus buildings

I am enclosing \$ _____ TOTAL registration fee(s) to attend the VOCAL Conference.

I would like to donate an additional \$ _____ to help send another Virginia consumer to the Conference!

Conference payment must be received with your registration/scholarship form. Please make check or money order payable to: VOCAL, Inc. and mail to: VOCAL Network, 1904 Byrd Avenue, Suite 111, Richmond, Virginia 23230

REGISTRATION FORMS AND PAYMENT DUE BY MONDAY, APRIL 20th which is the FINAL deadline for registration!! CONFIRMATION OF YOUR REGISTRATION WILL BE MAILED OR EMAILED TO YOU, ALONG WITH DIRECTIONS TO JMU.

PHOTO RELEASE FORM FOR CONFERENCE PICTURES (Please check and initial one box only)

_____ I give my consent/permission for VOCAL to use and publish my photograph on their web site or in their newsletter without any prior or additional contact.

_____ I do not give my consent/permission for VOCAL to use and publish my photograph.

Would you be interested in completing an ADVANCE DIRECTIVE (with a facilitator) at the Conference?

Please indicate 'YES' or 'NO' _____