



Peer Powered Systems

2011 Registration Form *Conference Dates: April 11 & 12

COMPLETE AND SUBMIT VIA MAIL OR FAX 929-5905. Details at WWW.PEERCONFERENCE.ORG

Name: _____ Nickname for Badge _____

Group/Organization: _____

Address Home or Work : _____

City/State/Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Emergency Contact: _____ Relationship: _____

Contact's Primary Phone: _____ Alternative Phone: _____

Special Considerations- (Diet, Disability/Access Needs, etc.): _____

Early Bird Deadline is **Jan. 31**. Regular Registration **April 1- April 10** Onsite **April 11-12**.

CONFERENCE FEES

<u>FULL REGISTRATION-TWO DAYS</u>	Employed	Early Bird <input type="checkbox"/> \$130	Regular <input type="checkbox"/> \$175	Onsite <input type="checkbox"/> \$200
	Unemployed	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$100

<u>ONE DAY RATE</u> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	Employed	Early Bird <input type="checkbox"/> \$100	Regular <input type="checkbox"/> \$130	Onsite <input type="checkbox"/> \$150
	Unemployed	<input type="checkbox"/> \$50	<input type="checkbox"/> \$65	<input type="checkbox"/> \$75

<u>One Keynote Speaker Only</u> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	Employed	Early Bird <input type="checkbox"/> \$30	Regular <input type="checkbox"/> \$45	Onsite <input type="checkbox"/> \$50
	Unemployed	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25

PAYMENT OPTIONS

PURCHASE ORDER # _____ Total Fee: _____

Billing Contact: _____ Phone: _____ E-Mail: _____

CHECK/MONEY ORDER. Make payable to Alaska Peer Support Consortium, enclose with this form.

CREDIT CARD (indicate which) Mastercard VISA

Card #: _____ Exp. Date: _____ Security Code #: _____

Cardholder Name: _____

Billing Address: _____

City/State/Zip: _____

Signature: _____ Phone: _____

Refund Policy: Cancellations must be received in writing by March 30 for a full refund. If cancellation is requested between April 1-10, there will be a \$30 administrative fee deducted. No shows will not receive a refund.

MAIL: Yvonne Evans, Conference
P.O. Box 100857
Anchorage, AK 99510

FAX: 907-929-5905

Questions: Yvonne Evans
907-727-5828

Sponsor: Alaska Mental Health Trust Authority

