

# **Registration Form**

## **Recognizing and Managing Child and Adolescent Mental Health Disorders in the School Setting**

**Surprise, AZ  
November 20 & 21, 2008 \* Th. And Fri.**

Name \_\_\_\_\_ *Please print legibly*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

### **Payment Types (Select One)**

Check: \_\_\_\_ (Number) \_\_\_\_\_ Purchase Order: \_\_\_\_ (Number) \_\_\_\_\_

Credit Card: Visa \_\_ / MC \_\_ / Discover \_\_ / AmEx \_\_ / V-Code # \_\_\_\_\_

Card No. \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Card Holder's Name \_\_\_\_\_

Signature \_\_\_\_\_

*Registration is only complete when total payment is included with registration form(s).  
Purchase orders constitute payment.*

**Mail or FAX this form with payment ..... OR ..... Call Toll Free**

**Auerhammer Professional Services**

**836 Holt Drive, Suite 321 \* Bigfork, MT 59911**

**FAX (406) 837-2189 \* Toll Free 1-800-985-4578**