

Name: _____ Degree: _____

Organization: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: () _____ FAX: () _____

Email Address: _____

Profession: _____

Registration Fees:

\$279 Early Registration (Postmarked on or before March 31, 2006)

\$299 Regular Registration (After March 31, 2006)

Discounts:

Groups: Deduct \$20 per person (five or more registrations received together)

Students (half-time or more): Deduct \$30 (proof of student status must accompany registration, limited number of spaces available)

Total Payment Enclosed: _____

Cancellations must be submitted in writing and postmarked on or before May 10, 2006.

A \$50 processing fee will be deducted. No refunds will be issued after the workshop begins.

Method of Payment:

Check or money order enclosed made payable to ZVMHC

Visa MasterCard

Card #: _____ Exp. Date: _____

Cardholder Name: _____

Cardholder Signature: _____

Return this form with Payment to:

**Zumbro Valley Mental Health Center
Attention: Chad Mallon
315 Elton Hills Drive NW
Rochester, MN 55901**

**Call-In Registration: (507) 287-1435
Fax Registration: (507) 281-6253
Information: Dr. Sam Fink (507) 281-6240**