

20th Annual South Texas Family Support Conference
Inn of the Hills Resort & Conference Center
1001 Junction Highway
Kerrville, Texas
June 3-5 2014
2014 Registration Form

<p>INSTRUCTIONS</p> <p>Each registrant not affiliated with MHA /Community Agency must fill out a separate registration form (the form may be copied). Please fill in all blanks. Send form with payment to address below.</p> <p>Payment in full (according to the schedule printed on the form) must accompany all registrations. Registration payment can be made with a state voucher.</p> <p>If incorrect payment is received, the registration form will be returned for proper payment. You must cancel 72 hours in advance to receive refund. It will be processed after the conference.</p> <p>Are you attending the conference as a (check all that apply)</p> <p><input type="checkbox"/> Family/Consumer</p> <p><input type="checkbox"/> Designated Representative</p> <p><input type="checkbox"/> Presenter</p> <p><input type="checkbox"/> Staff Member/STFSC Comm. Member</p> <p><input type="checkbox"/> Volunteer</p> <p>Payment Method for Hotel/Registration: (Hotel will not accept direct reservations for conference)</p> <p>Make checks payable to: <u>South Texas Family Support Conference</u></p> <p>And mail to: South Texas Family Support Conference C/O Border Region MHMR Attn: Sergio Vigil CFO 1500 Pappas Street Laredo, TX 78044 For more information, contact Martha Toles: Phone: 830-792-3300 ext. 3241 or 830-377-0872 Email: mtoles@hillcountry.org</p> <p>Deadline for Registration/Reservations: <u>April 24, 2013</u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Name (as you would like it to appear on name tag, please print)</td> </tr> <tr> <td colspan="3">Mailing Address</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td colspan="3">Organizational Affiliation</td> </tr> <tr> <td>Phone (with area code)</td> <td colspan="2">E-mail</td> </tr> <tr> <td colspan="3">T-Shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX <input type="checkbox"/> 3X <input type="checkbox"/> 4X</td> </tr> <tr> <td colspan="3"> <p style="text-align: center;">Tentative Schedule:</p> Transition Care Notebook People First Language Understanding Anger and How To Control It Understanding Managed Care Adult protective Service, Facility Investigation, "Protecting the Unprotected" Advocacy 101-Making Your Voice Heard Overview of Current Texas Medicaid Managed Care Programs & Upcoming Expansions What is Applied Behavior Analysis Returning to work program 1115 Waiver More to come </td> </tr> <tr> <td colspan="3" style="text-align: center;">Deadline & Cost:</td> </tr> <tr> <td colspan="3" style="text-align: center;">Registration Deadline is April 24, 2014</td> </tr> <tr> <td colspan="3"> Registration for Conference Only: This also applies to Vendors/Presenters \$90.00 Who plan on attending conference. </td> </tr> <tr> <td colspan="3"> Hotel Cost includes registration, 2 nights (1 box lunch Tuesday & 3 meal Wednesday & 1 meal Thursday) </td> </tr> <tr> <td>1 person & Registration</td> <td colspan="2" style="text-align: right;">\$ 268.00</td> </tr> <tr> <td>2 people & Registration</td> <td colspan="2" style="text-align: right;">\$ 358.00</td> </tr> <tr> <td>3 people & Registration</td> <td colspan="2" style="text-align: right;">\$ 470.00</td> </tr> <tr> <td>4 people & Registration</td> <td colspan="2" style="text-align: right;">\$ 560.00</td> </tr> <tr> <td colspan="2">TOTAL FEES:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="3">(Please enclose this amount with your registration)</td> </tr> </table>	Name (as you would like it to appear on name tag, please print)			Mailing Address			City	State	Zip Code	Organizational Affiliation			Phone (with area code)	E-mail		T-Shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX <input type="checkbox"/> 3X <input type="checkbox"/> 4X			<p style="text-align: center;">Tentative Schedule:</p> Transition Care Notebook People First Language Understanding Anger and How To Control It Understanding Managed Care Adult protective Service, Facility Investigation, "Protecting the Unprotected" Advocacy 101-Making Your Voice Heard Overview of Current Texas Medicaid Managed Care Programs & Upcoming Expansions What is Applied Behavior Analysis Returning to work program 1115 WaiverMore to come			Deadline & Cost:			Registration Deadline is April 24, 2014			Registration for Conference Only: This also applies to Vendors/Presenters \$90.00 Who plan on attending conference.			Hotel Cost includes registration, 2 nights (1 box lunch Tuesday & 3 meal Wednesday & 1 meal Thursday)			1 person & Registration	\$ 268.00		2 people & Registration	\$ 358.00		3 people & Registration	\$ 470.00		4 people & Registration	\$ 560.00		TOTAL FEES:		\$ _____	(Please enclose this amount with your registration)		
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