



# Annual State Conference 2010

*"Finding Truth, Fighting Fear, Fulfilling Lives"*

Saturday & Sunday, April 24<sup>th</sup> & 25<sup>th</sup>, 2010

\*Call 800.253.3590 to reserve your room\*

Mention **NAMI** for room rate of \$109.00

Amway Grand Plaza Hotel

187 Monroe Ave. NW

Grand Rapids, Michigan

**Registration Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current NAMI Member? **Yes No**

If no, would you like to join NAMI? **Yes No**

Membership cost: \$30

Open Door Membership \$3 minimum

\*\* **Special physical or dietary needs?**

**Is your registration sponsored by a CMH?** NO YES **CMH Name:** \_\_\_\_\_

*If your Community Mental Health (CMH) will pay for this registration, obtain an authorization & indicate below:*

**Provider or Agency Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Authorization (print name):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Conference Fee Schedule**

A. Full 2-day Conference (includes Saturday /Sunday – Lunch; Saturday - Dinner)

	Member	Non-Member (Investor)
"Early Bird" 2-day Conf. (Registration received by April 1)	\$150	\$225
2-day Conference (After April 1, 2010 & at the Door)	\$200	\$275
Saturday Luncheon <b>ONLY</b> (w/Keynote Speaker, Steve Lopez)	\$50	\$50
Saturday Conference <b>ONLY</b> (includes all meals)	\$125	\$125
Sunday Conference <b>ONLY</b> (includes all meals)	\$75	\$75

\* Extra general meal purchases will be available

\* Please call the NAMI Michigan office for scholarship information

Quantity	Item	Amount
_____	.....Full Registration(s) .....	_____
_____	..... I want to join NAMI .....	_____
_____	..... Saturday Luncheon <b>ONLY</b> (Steve Lopez) .....	_____
_____	..... Saturday Conference <b>ONLY</b> .....	_____
_____	..... Sunday Conference <b>ONLY</b> .....	_____
_____	..... My Donation to Support Limited Income Registrants .....	_____
<b>TOTAL ENCLOSED</b>		_____

You may send one payment for multiple registrations, but please use a separate registration form for each attendee. Enclose a check or money order made payable to "NAMI Michigan" & mail to:

**NAMI Michigan**  
**921 N. Washington Ave.**  
**Lansing, MI 48906-5137**

**Deadline** for receipt of this form in the office is **April 16, 2010**. Otherwise register at the door.

**NOTE:** NAMI Michigan cannot refund registrations cancelled after April 16.

For more information, please visit our website: [www.namimi.org](http://www.namimi.org) 517.485.4049 or 800.331.4264

Note: Totals are for conference only. Hotel rooms are separate. Contact the hotel at 800.253.3590