



Asian Coalition

Advocacy and Leadership Training

March 15, 2013

The California Endowment Building

Registration Form



Organization _____

Name _____

Address _____

Title _____

City _____

State _____

Zip Code _____

Phone _____

Home Office Cell

E-mail _____



DATE	CONFERENCE TITLE	COST
3/15/13	Asian Coalition Advocacy and Leadership Training	FREE
3/15/13	County Employee (only)	\$5.00

Total Due \$ _____

SPECIAL ACCOMODATION(S):
Check All That Apply:

Language Translation (specify language):

Sign Language (deaf/hearing impaired):

Dietary Needs (specify):

County Employees Please Complete: (\$5 Fee)

EMPLOYEE NAME:

EMPLOYEE #:

SUPERVISOR'S NAME:

SUPERVISOR'S SIGNATURE:

Make Checks Payable to Department of Mental Health (DMH)

Please Fax your Completed Registration Form to (213) 687-7159

OR e-mail to gnang@cnmsocal.org

OR Mail Completed Form to:

Attn: Gigi Nang

Center for Nonprofit Management

1000 N. Alameda Street, Suite 250, Los Angeles, CA 90012