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| **Organization** |  |  **Name** |
| **Address** |  | **Title** |
|  **City**  | **State** |  **Zip Code** |
| **Phone □ Home □ Office □ Cell** |  | **E-mail**  |

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| --- | --- | --- |
|  **DATE** |  **CONFERENCE TITLE** |  **COST** |
| **3/15/13** | **Asian Coalition Advocacy and Leadership Training** | **FREE** |
| **3/15/13** | **County Employee (only)** | **$5.00** |
| **SPECIAL ACCOMODATION(S):*****Check All That Apply:***□ Language Translation (specify language): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Sign Language (deaf/hearing impaired): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Dietary Needs (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  **Total Due** | **$**  |

**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**