



**Together Towards Hope and Dignity**  
 Freeing Our Communities from Stigma and Discrimination  
 April 15 & 16, 2010  
 The California Mental Health Advocacy Conference



**WILSHIRE GRAND**  
 930 Wilshire Blvd.  
 Los Angeles, CA

## Los Angeles County Department of Mental Health - DMH Employee Registration

**2nd** The Department is proud to sponsor the Annual Empowerment & Advocacy (E&A) Conference. This year's conference theme is **"Together Towards Hope and Dignity - Freeing Our Communities from Stigma and Discrimination"**

ANNUAL CONFERENCE

Our second California Mental Health Advocacy Conference brings together change champions and stakeholders from the state and nation to learn, plan and discuss ways to free ourselves, our systems and our communities from the pervasive hold of stigma and discrimination associated with mental illness symptoms, labels and treatment.

Interested employees please mail registration with payment by April 9th attention to Irma Martinez at LAC-DMH Empowerment & Advocacy, 695 S. Vermont Ave., 8th Fl., Los Angeles, CA 90005. **Make checks payable to:** Mental Health America. For credit card payments and related questions please contact Grace Gatchalian at (562) 285-1330 ext. 239. Registrations paid via credit card can be faxed to:(562) 285-1334. For conference information please contact Isabel Mendez at (213) 251-6510.

### Registrant Information

Name _____		Employee Number _____	
Agency _____			
Street Address _____		Phone _____	Fax _____
City _____	State _____	Zip _____	
Supervisor Name _____		Supervisor Signature _____	

### Conference Registration

#### Individual Day Attendance

- Thursday, April 15      \$25
- Friday, April 16      \$25

or

#### Two Day Conference

- April 15 & 16      \$50

Continental Breakfast and lunch provided both days

#### Evening Banquet

- Thursday, April 15 @ 7 pm      \$50

### Payment Information

Check # \_\_\_\_\_ (Made out to Mental Health America)

Credit Card    \_\_\_ Visa    \_\_\_ Master Card

Credit Card No.:

Exp. Date \_\_\_\_\_      3-digit Security Code \_\_\_\_\_

Purchase Order # \_\_\_\_\_      Attach PO to completed registration form

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

### License Information

License No. \_\_\_\_\_ IS Rendering Provider # (if any): \_\_\_\_\_

- PhD    PsyD    LCSW    RN    LVN    MFC    Student    Other (specify) \_\_\_\_\_

Mark your discipline

