



DETAILS

Conference Logistics: The Real Voices Real Choices Conference will be held on August 16 – 18, 2015 at Tan-Tar-A Resort and Conference Center.

Please choose one of the following:

<input type="checkbox"/> \$90.00 Single Registration – Consumer, Self-Advocate, Person in Recovery, or Family Member. This cost includes your hotel room for Sunday and Monday evening, all conference materials, all conference activities and 4 planned meals including dinner on Sunday evening, breakfast and lunch on Monday and breakfast on Tuesday.	<input type="checkbox"/> \$150.00*** Double Registration - Consumer, Self-Advocate, Person in Recovery, or Family Member. This cost includes ONE SLEEPING ROOM TO SHARE for two nights, all conference materials, activities and 4 planned meals including dinner on Sunday evening, breakfast and lunch on Monday and breakfast on Tuesday for TWO PEOPLE. *** Second registrant will need to complete a separate form and send in. <p style="text-align: center;"><u>Name of Roommate:</u></p>	<input type="checkbox"/> \$160.00 Professional Registration - This cost includes your hotel room for Sunday and Monday evening, all conference materials, all conference activities and 4 planned meals including dinner on Sunday evening, breakfast and lunch on Monday and breakfast on Tuesday. You are responsible for making your lodging arrangements with Tan-Tar-A Resort. Mention the conference to get a rate of \$77 per night.
<input type="checkbox"/> \$8.00 – Monday Night Pizza Dinner Includes 3 slices of Sbarros pizza and a soda. (Please include \$8.00 with your registration price.)		

CONTACT INFORMATION

First Name:		Last Name:	
Street Address:			
City:		State:	Zip Code:
Email Address:			Phone Number: ()

ATTENTION: YOU MUST INITIAL THESE BOXES FOR YOUR REGISTRATION TO BE COMPLETE

To the fullest extent permitted by law, I/we indemnify and hold harmless, the Missouri Department of Mental Health, Missouri Mental Health Foundation, Tan Tar A Resort and Conference Center and their directors, officers, consultants, agents, employees and volunteers from and against all claims, damages, losses and expenses, including but not limited to attorney's fees and court costs, arising out of or resulting from my participation in this event, including damage, loss or expense is attributable to bodily injury, sickness, disease or death, or personal injury, or to injury to or destruction of tangible property or to others involved in the event.

➔ INITIAL HERE: _____

I agree to the production of photographs, recordings, videotapes, or other multimedia projects developed by the Missouri Department of Mental Health and/or, the Missouri Mental Health Foundation, which may include being photographed, recorded, videotaped, or otherwise depicted in such multimedia information. I've been informed that these multimedia projects are being developed to provide an opportunity to educate and inform people about the activities of the Missouri Department of Mental Health and/or the Missouri Mental Health Foundation. I authorize the Missouri Department of Mental Health and/or the Missouri Mental Health Foundation to use any and all of the multimedia information in which I appear and/or are heard without limitation. I acknowledge that the Missouri Department of Mental Health and/or the Missouri Mental Health Foundation will be for all purposes the owner of all rights to the media in which I appear and/or am heard. I agree to hold harmless the Missouri Department of Mental Health, and/or the Missouri Mental Health Foundation, and all their agencies, affiliates, employees, volunteers, agents, successors and/or assigns, against any liability, loss or damage, including attorney's fees, caused by or arising from my appearance in any photograph, record, videotape, or other multimedia information. I acknowledge that I have not given any other person or organization the exclusive right to use my photograph or any other information about me.

➔ INITIAL HERE: _____

NAME:		
ADDITIONAL INFORMATION		
Will you be attending with a group? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Group Name:		
Name of Group Contact:		Contact Phone Number: ()
Will you have a Personal Care Attendant? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of PCA:	
Please indicate special accommodations: <input type="checkbox"/> Braille <input type="checkbox"/> Large Print Materials <input type="checkbox"/> ASL Interpreter		
<input type="checkbox"/> Special Diet: _____		
Please list any other accessibility needs:		
MEDICAL INFORMATION		
<p>➔ CHANGES TO NURSE'S STATION – ON-SITE FIRST AID: <i>Basic First Aid and Assessment will be available during conference hours. The Basic First Aid area will not provide over-the-counter medications such as Tylenol, Ibuprofen, topical creams, etc., or any medication assistance. You will be responsible for these needs.</i></p> <ul style="list-style-type: none"> • If medical and assistive devices are needed, you are expected to bring these with you to the conference (for example wheelchair, walker, etc.) • Urinary Incontinence Supplies – If you have problems with wetting the bed, you will need to bring a waterproof mattress pad. • If needed, you are expected to have a caretaker assist you with your needs while attending the conference (for example transfers). <p><i>In case of emergency, we have included a place on the registration form to provide your medical information. We also encourage you to carry this information with you at all times.</i></p>		
Name of Emergency Contact:	Cell phone no.:	Work phone no.:
Medication Allergies (i.e. Tylenol, Ibuprofen, Penicillin, etc.):		
General Allergies (i.e. bee stings, poison ivy, etc.)		
List Your Medical Conditions (i.e. Asthma, High Blood Pressure, Seizures, Diabetes, etc.)		

Please send completed registration via:

Mail: MO Mental Health Foundation 1739 E. Elm Street, Suite 103 Jefferson City, MO 65101	Fax: 573-635-6584 Attn: MO Mental Health Foundation	E-mail: consumerconference@dmh.mo.gov
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