



<p>Circle your 1st, 2nd, and 3rd choice option for each of the three sessions.</p> <p>Session A First A1 A2 A3 A4 A5 A6 Second A1 A2 A3 A4 A5 A6 Third A1 A2 A3 A4 A5 A6</p> <p>Session B First B1 B2 B3 B4 B5 B6 Second B1 B2 B3 B4 B5 B6 Third B1 B2 B3 B4 B5 B6</p> <p>Session C First C1 C2 C3 C4 C5 Second C1 C2 C3 C4 C5 Third C1 C2 C3 C4 C5</p>	<p>Registration accepted with a check or PO# only. \$15 before May 22 \$20 after May 22 Mail or fax this form with a check payment or PO# _____ to: Fax - 207-878-6172 or Attn: HOPE Co-Occurring Collaborative Serving Maine 94 Auburn Street, Suite 110 Portland, Maine 04103</p> <p>If you would like to volunteer to receive free registration, contact Melissa Caswell by May 14 at 207-430-8300 or at mcaswell@maineccsm.org</p>
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name _____

organization _____

address _____

city, state _____ zip _____

phone _____ email _____

- I identify as a: Peer/Consumer Provider Consumer and Provider
- I will be accompanied by an attendant.
- I live 130 or more miles one way from the Augusta Civic Center and qualify for lodging reimbursement. Peers and Consumers ONLY
- I live 150+ round trip miles away and traveled in my own vehicle. Peers and Consumers ONLY
- I am able to volunteer during the week of May 20____ or the day May 29 ____ and I will contact Melissa Caswell by May 14 at 207-430-8300 or at mcaswell@maineccsm.org

Cancellation Policy - There will be no refunds for cancellations given the week of the conference. Cancellations provided more than one week in advance will receive a partial refund. Please provide your name and address to where you would like the refund check mailed. Contact ccsme@ccsme.org | 878-6170.

