

2012 CRSS Provider Forum

Registration Form

Springfield, IL

October 15, 2012

In order to make this forum available to as many mental health centers as possible, please register up to two representatives per center. For additional registrants, feel free to request that they be placed on a waiting list. Waiting list registrants will be contacted after the registration deadline if space is still available.

ALL FIELDS REQUIRED (one form per registrant):

Please Check One

- Our center employs peer recovery support specialists.
- Our center is interested in employing peer recovery support specialists.

Name: _____

Mental Health Center Affiliation: _____

Phone # _____

Email Address: _____

Mailing Address: _____

Lunch Option (circle one): Standard Box Lunch, Vegetarian, OR Gluten-Free

Please submit Registration Form by fax, email, or postal mail to:

Attention: Trenda Hedges

Fax: 217-801-9189

Email: trenda.hedges@valueoptions.com

Mail: 400 S. 9th Street, Suite 201, Springfield, IL 62701

Phone: 217-801-9179--for questions or special accommodation requests