

B H S C Behavioral Health Services Coalition

Providing leadership to improve mental health and addictive disease services in Georgia.

JOIN US FOR MENTAL HEALTH DAY AT THE CAPITOL

Sponsored by the Behavioral Health Services Coalition

WEDNESDAY, FEBRUARY 19, 2014

Beginning at 8:00 a.m. in the Freight Depot for Registration/Breakfast

65 Martin Luther King, Jr. Drive (at Central Avenue)

Then at 10:00 a.m. to the Georgia Capitol

For a Rally

214 State Capitol (Washington Street side)

Atlanta, GA 30334

MENTAL HEALTH MATTERS

Deadline for registration is February 5, 2014

Program Schedule

8:00 AM	Register at the Freight Depot
8:30 AM – 9:50 AM	Breakfast at the Freight Depot and Consumer Art Show
10:00 AM – 11:00 AM	RALLY ON THE CAPITOL STEPS
11:00 AM – 12:00 Noon	Meet with your Legislator / Tour the Capitol /

To pre-register, fax this form to the attention of Rheba Smith at 404-758-6833, or email to Rheba at rheba.smith@gpsn.org. In the event you are pre-registering, you will be required to have payment ready when you check in on the day of the event. It is YOUR responsibility to make sure payment is received. To register and send payment now, please make checks payable to GEORGIA PARENT SUPPORT NETWORK and send to Rheba Smith, GPSN, 1381 Metropolitan Pkwy., Atlanta, GA 30310, or fill out the credit card information below. Credit card payments MUST be accompanied by a daytime phone number. **Please, one person per form.** Rheba can be reached at 404-758-4500 Ext. 104 if you have concerns.

NOTE: If you do not pre-register, you will not be able to have breakfast.

- Yes! I/we will attend; \$30 registration fee PER PERSON is enclosed.
- I/we will attend as a consumer or family member; \$25 registration fee per person is enclosed.
- I would like to apply for a consumer/family scholarship (FREE of cost to consumers and family members). *NOTE: Scholarships are limited and are available on a first-come, first-served basis.*
- I am enclosing a donation to support Mental Health Day at the Capitol \$_____.

INDIVIDUAL'S NAME _____

ORGANIZATION NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

If paying by credit card:

CHECK OR CREDIT CARD NUMBER: _____ EXP. _____

NAME ON CARD: _____ 3-DIGIT V-CODE ON BACK: _____

TOTAL AMOUNT TO BE CHARGED: \$ _____ SIGNATURE: _____