



**REGISTRATION FORM**  
**8<sup>TH</sup> Annual Bexar County Consumer and  
 Family Support Conference**  
**August 7th – 9th, 2008**  
**El Tropicano Hotel, San Antonio, Texas**

Use a separate form for each participant. Photocopies may be used: **PLEASE PRINT**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**OPTIONAL**

Please mark all that apply to you:

- Person with a Developmental Disability
- Family member of a person with Developmental Disability
- Professional serving people with Developmental Disabilities
- Person with a mental health disorder
- Family member of a person with a mental health disorder
- Professional serving people with a mental health disorder
- Person with a substance abuse disorder
- Family member of a person with a substance abuse disorder
- Professional serving people with substance abuse disorders
- Other

Accommodations: please check all that apply...

- Sign Language Interpreter
- Spanish Interpreter
- Mobility Assistance
- Other, please specify \_\_\_\_\_

**To gain maximum benefit from the conference, everyone is encouraged to attend all three days. Please mark the days you will be attending. Workshop days: Fri -Sat**

- Thursday**     **Friday**     **Saturday**  
 (Dinner Event)

**The conference is free for consumers and family members. Conference registration fee for everyone else is \$65.00.**

**Thursday**-August 7th Awards Dinner  
 Social-6:00 p.m. Dinner 7:00 p.m.  
**Friday**-August 8th Registration:8:00 a.m.  
 General Session/Breakfast/ 9:00 a.m.  
**Saturday**-Aug.9th General Session/Breakfast  
 9 a.m. Workshops – 10:00 a.m.  
**Friday and Saturday** lunch served 12:00 p.m.

**IF YOU ARE A PROFESSIONAL attending the conference, CEUs will be furnished for the following licenses at no extra charge. Please check which license you wish to get credit for:**

- LCDC                       LMFT
- LPC                          Social Work

**Mail registration forms and payment to:** Center for Health Care Services

**No payment needed for consumers and family members**

c/o PR Department  
 3031 IH 10 West  
 San Antonio, TX 78201

Fax registration forms to 210-737-9607. A single check/money order/purchase order may be used for multiple registrants. Attach the payment to all of the registration forms covered. Refund requests will be honored if postmarked on or before July 18, 2008, but a \$25.00 handling fee will be deducted, however, substitutions will be permitted.

**Total amount enclosed \$ \_\_\_\_\_ (Should be \$0.00 for consumers and family members)**