

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 8, 2012

MENTAL HEALTH MATTERS

Beginning at 9:00 am on the Capitol Steps for a Rally
 214 State Capitol (Washington Street side), then to
 The Georgia Railroad Freight Depot for Lunch
 65 Martin Luther King, Jr. Drive (at Central Avenue)
 Atlanta, GA 30334
 (near Underground Atlanta)

Deadline for registration is February 1, 2012

Program Schedule

9:00 AM – 11:00 AM
 11:00 AM – 12:00 Noon
 12:00 Noon

Rally on Capitol Steps

Registration at the Freight Depot
 Lunch and Consumer Art Show at the Freight Depot

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 lunch.

- 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: _____