



Mental Health Symposium for Higher Education

August 10, 2009

Registration Form

Name _____

Title _____

Institution/Organization _____

Phone Number _____

Address: _____

City _____

State: _____

Zip: _____

EMAIL _____

I agree that my name, title and institution will be included on the symposium participant list

Yes No

Signature: _____

MAIL REGISTRATION AND PAYMENT TO:

University of Louisville Counseling Center
ATT: Mental Health Symposium
University of Louisville
2207 South Brook Street
Louisville, Ky 40292

Cost of the Symposium is \$125 per person. The cost includes the workshop, lunch and parking at the host hotel.

SYMPOSIUM PAYMENT ONLY – HOTEL REGISTRATIONS AND PAYMENTS MADE DIRECTLY TO SEELBACH HILTON HOTEL