

HOTEL RESERVATION INFORMATION

The **Holiday Inn Hotel & Suites Downtown Waterfront** - 200 West 1st Street, Duluth, MN (800) 477-7089 or (218) 722-1202.

A special conference rate of \$84 per night, single or double occupancy, is available at the Holiday Inn Hotel & Suites Downtown Waterfront. All lodging reservations and requests are being handled directly by the Holiday Inn Hotel & Suites. The deadline for lodging reservations is September 7, 2010. Mention "MACMHP" when making your phone reservations to receive the special conference rate. Online lodging reservations are available through the Holiday Inn via a link on www.macmhp.org

CONFERENCE MEALS

The following group meal functions are included within the applicable conference registration rates:

- * All Breaks and Refreshments
- * Thursday Morning Networking Breakfast
- * Tuesday Pre-Conference Institute Lunch
- * Thursday Noon Awards Banquet Luncheon
- * Wednesday Evening Welcome Reception

OPTIONAL THURSDAY EVENING DINNER & SOCIAL ACTIVITY

Join us on Thursday evening for great networking opportunities on the **Famous Great Lake Dinner Cruise** aboard the Vista Star. Enjoy a cold beverage and explore the boat while the crew casts off for a fabulous evening on Lake Superior and the Duluth Harbor. Savor your dinner over beautiful dinner music and narrated highlights of the harbor. After dessert take your drinks topside and enjoy the stunning panoramic views and exquisite sunset. Learn about the harbor, Duluth's history, and the science and ecology of Lake Superior. Cash bar is available. Tickets for \$30 must be purchased in advance. Space is limited. Organizations may request reserved seating together for team-building. Please indicate that you would like to purchase a ticket(s) for this optional event by filling in the desired quantity on the form below or on the conference registration form.

EXTRA MEALS

Extra meal tickets are available for special guests or spouses who wish to dine with the conference participants for select meals. Meal tickets must be purchased in advance. You will receive the tickets when you check in for the conference. If vegetarian meals are required, you must check the box below.

Tuesday, September 28

_____ *Extra Pre-Conference Institute Lunch @ 15.00/person* \$ _____

Thursday, September 30

_____ *Extra Networking Breakfast @ 15.50/person* \$ _____

_____ *Extra Awards Banquet Luncheon @ 17.00/person* \$ _____

_____ *Optional Great Lake Dinner Cruise @ 30.00/person* \$ _____

Vegetarian Meals Requested TOTAL \$ _____

Name _____

Organization _____

Address _____

Phone (_____) _____ Email _____

Payment Policy: Checks, Visa & MC, vouchers and P.O.s for the full amount are welcome. Any meal cancellations made after Noon on September 24, 2010 are not refundable.

Make checks payable to MACMHP, Inc. and mail to:

MACMHP, 1821 University Ave. W., Suite #307-S, St. Paul, MN 55104-2898

VISA/MASTERCARD # _____ exp date _____

Complete form and return by Noon on Friday, September 24, 2010.

REGISTRATION FORM

Minnesota Association of Community Mental Health Programs
September 29 - October 1, 2010

REGISTER FOR CONFERENCE & LODGING ONLINE
www.macmhp.org

Please duplicate & complete 1 form per attendee

Name _____ Email _____

(Please include degree or licensure)

Organization _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ FAX (_____) _____

RATES - check appropriate price(s) below. Add \$30 if registering after September 10, 2010.

Non-Members	Staff of Member Organizations	
___ \$375	___ \$320	Conference (3 days)
___ \$475	___ \$420	Conference plus Tuesday Pre-Conference Institute
___ \$435	___ \$365	Conference plus Wednesday Pre-Conference Institute
___ \$520	___ \$445	Conference plus 2 Pre-Conference Institutes
___ \$275	___ \$200	Wednesday plus Wednesday Pre-Conference Institute
___ \$140	___ \$110	Wednesday PM only
___ \$245	___ \$215	Thursday only
___ \$140	___ \$110	Friday AM only
___ \$190	___ \$165	Tuesday Pre-Conference Institute only
___ \$140	___ \$110	Wednesday Pre-Conference Institute only
___ \$ 30	___ \$ 30	<i>Optional Charge: Thursday Evening Dinner Cruise (see page 32 for details)</i>

Wednesday's Pre-Conference Institute
(Select choice if applicable)

Clinical Supervision Skills

From the Baby's Point of View

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1821 University Ave. W., Suite #307-S
St. Paul, MN 55104-2898
www.macmhp.org

PHONE: (651) 642-1903 FAX: (651) 645-1399 registration@macmhp.org

VISA/MASTERCARD # _____ exp date _____

Refund Policy: By completing this form, you agree to pay all fees associated with your conference registration. Written request for refund must be received by Noon on September 24, 2010. There is a \$25 service fee on refunds. Late cancellations are not refundable, but may transfer attendance to a colleague. Registration fees are per attendee. No registration sharing is allowed.