



Association for Ambulatory
Behavioral Healthcare

AABH 2008 Annual Training Conference
Baltimore, July 13-15, 2008
"A Congress of the Ambulatory Behavioral Healthcare Continuum
...Leaders in PHP and IOP in session"

YOUR INFORMATION—Please Type or Print Clearly

FIRST: _____ LAST: _____

BADGE NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

E-MAIL: _____

REGISTRATION OPTIONS	EARLY REGISTRATION BY JUNE 15	PRE REGISTRATION JUNE 16-JULY 9	ON SITE REGISTRATION	CHARGES
AABH MEMBER MEMBER ID # _____	\$395	\$475	\$495	
NON-MEMBER	\$475	\$565	\$595	
AABH Member One Day Only (circle the day) Sunday Monday Tuesday AABH MEMBER ID # _____	\$275	\$275	\$275	
Non-Member One Day Only (circle the day) Sunday Monday Tuesday	\$365	\$365	\$365	
SPEAKER	\$190	\$190	\$190	
CONTINUING EDUCATION UNITS (CEU'S) \$15.00				

PAYMENT INFORMATION

PAYMENT TYPE CHECK _____ OR CREDIT CARD
WE DON'T TAKE AMEX OR DISC MC OR VISA
(PLEASE CIRCLE)

CREDIT CARD # _____ EXP _____

BILLING ZIP CODE _____ CVC# _____

NAME AS IT APPEARS ON THE CARD _____
PLEASE PRINT—PLEASE PRINT—PLEASE PRINT

SIGNATURE _____

TOTAL CHARGE

CANCELLATION POLICY:
Cancellation must be received no later than June 30, 2008 and are subject to a \$50 administrative fee. No refunds after July 9, 2008. An alternate person can be assigned by submitting a request in writing.

**THE CONFERENCE WILL BE AT THE SHERATON BALTIMORE CITY CENTER HOTEL.
TO OBTAIN THE SPECIAL AABH CONFERENCE RATE OF \$149.00 SINGLE/DOUBLE, CALL 1-866-837-5182 OR
1-410-752-1100 BEFORE JUNE 17TH 2008 A LIMITED SUPPLY OF ROOMS IS AVAILABLE AT THIS GREAT RATE**

FAX FORM TO
AABH
757-966-7734

MAIL FORM WITH PAYMENT
AABH
247 DOUGLAS AVENUE
PORTSMOUTH, VA 23707

E-MAIL THIS FORM TO
mickey@aabh.org