



AABH 2009 Annual Training Conference
 Charleston, SC August 2-4
 "PHP & IOP.....WE LEAD THE CHANGE"

Association for Ambulatory
 Behavioral Healthcare

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 July 2	PRE REGISTRATION July 3—July 30	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	
Optional Dinner Cruise on Spirit of Charleston	\$85	\$85	\$95	

CONTINUING EDUCATION UNITS (CEU'S) \$15.00 LPC, LMFT, LMSW, LCSW

PAYMENT INFORMATION

PAYMENT TYPE CHECK _____ OR CREDIT CARD
 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 July 15, 2009 and are subject to a \$50 administrative fee. No refunds after July 28. An alternate person can be assigned by submitting a request in writing.

THE CONFERENCE WILL BE AT THE FRANCIS MARION HOTEL.

TO OBTAIN THE SPECIAL AABH CONFERENCE RATE OF \$129.00 SINGLE/DOUBLE, CALL 1-843-722-0600 OR 1-877-756-2121 BEFORE July 10, 2009. 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