

MENTAL HEALTH RESOURCE AND EDUCATION NETWORK

**2012-13 THERAPIST REFERRAL BOOK
AGENCY SUBMISSION FORM**

www.MHREN.org
P.O. Box 1349 Talent, OR 97540

MHREN is updating its Southern Oregon Therapist Referral Book for 2012-13. We will also be expanding our listing of therapeutic agencies. Membership is not required of agencies who want to be listed. As always, a new submission form is required each year we update. Forms must be received by October 31, 2011.

An electronic draft will be e-mailed in early December to those providing their e-mail addresses below.

The book will be mailed in January 2012 to the 750 recipients on our mailing list as well as to a large list of local primary care physicians.

If you have any questions, please email us at info@MHREN.org.

Name of Agency or Clinic: _____	
Mailing Address: _____	
Web Address: _____	Phone #: _____
Primary Services (40 words or less): _____	

Clientele Served: Children _____ Adolescents _____ Families _____ Adults _____ Other _____	
Payment Requirements: _____	

<p>For MHREN office use only:</p> <p>Provide a contact person's name and their e-mail address if you would like to receive an electronic draft of the book to proof before publication: _____</p> <p><i>We strongly urge you to provide an email address and to proof your data.</i></p>

**Return on or before October 31, 2011 to:
MHREN, P.O. Box 1349, Talent, OR 97540**