

Mental Health Resource and Education Network

Workshop Registration and Membership Form

Annual Membership Dues

MHREN membership includes such benefits as: substantial workshop discounts for nationally renowned, provocative presenters brought to our own community; newsletter advertising; publicity in Therapist Referral Book; supporting your profession; networking with other professionals; tax deductible business expenses. Our membership renewal cycle runs October 1st – September 30th. Payment after September 30th includes the following year. Check the status of your membership at www.MHREN.org.

\$50/yr Individual
 \$25/yr Student/Intern/Retiree
 \$100/yr agency*
 I would like paper newsletters mailed to me
 I would like to receive electronic newsletters

* an agency is defined as employing W-2 mental health employees

Workshop Registration

October 8, 2010 **"DEGRIEFING"** with **Lyn Prashant, MA, CT, CMT**

MHREN members:	postmarked by 9/24/2010	<input type="checkbox"/> \$80	after 9/24/2010	<input type="checkbox"/> \$100
Non-members:	postmarked by 9/24/2010	<input type="checkbox"/> \$100	after 9/24/2010	<input type="checkbox"/> \$120

CEUs included in workshop prices

November 19, 2010 **BRAINSPOTTING** with **Lisa Schwartz, M.Ed.**

MHREN members:	postmarked by 11/1/2010	<input type="checkbox"/> \$80	after 11/1/2010	<input type="checkbox"/> \$100
Non-members:	postmarked by 11/1/2010	<input type="checkbox"/> \$100	after 11/1/2010	<input type="checkbox"/> \$120

Note for agency employees: If your agency is paying for you to attend a workshop, payment must be received prior to the event or you will be responsible to pay at the door and be reimbursed by your agency.

Some scholarships are available: inquire at info@mhren.org. **Full time students:** half price.

Cancellation policy: \$25 fee 2 weeks or more in advance; 50% fee 1-2 weeks; no refund less than 1 week.

Workshops take place at the Smullin Center of Rogue Valley Medical Center, 2825 E. Barnett Rd., Medford. Check-in and morning refreshments at 8:30; workshop from 9-4:30 with a 1.25 hour lunch.

Please print clearly

Name (as you want it on CEU cert.): _____ Agency (if applicable): _____

Mailing Address: _____ City: _____ Zip: _____

Email: _____ Phone #: _____

Membership dues from above: \$ _____

Total workshop fees from above: \$ _____

Grand total enclosed: \$ _____ Check #: _____ Date: _____

Please write on check's memo line if you are paying for workshop(s) or membership. Full time students, send proof of full time status for discount.

Send this form and payment to our P.O. Box:
MHREN, PO BOX 1799, Jacksonville, OR 97530
www.mhren.org info@mhren.org