

Opposition or Opportunity: Court-Ordered Outpatient Treatment Registration Form October 15, 2014

Please complete this registration form and return by email or fax by **October 3, 2014**.
Email your completed form to MH-MAS-HBH-Conference-Registration@mha.ohio.gov or
fax to (330) 833-6564.

Name: _____

Organization/Agency: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Lunch is available for \$5.00 and must be paid for **in advance** no later than **October 3, 2014**.
Checks, **made payable to Culinary Chameleon**, are to be sent to Heartland at the address
below, attention Danielle Granata. *Please choose one of the three lunch options listed:*

- | | | |
|--|---|---|
| <input type="checkbox"/> 1/2 Chicken Ranch Wrap -
Tortilla filled with roasted chicken,
salad mix, diced tomato, cheddar
cheese and ranch dressing,
served with chips and a cookie | <input type="checkbox"/> Roasted Turkey sandwich with
lettuce and cheese, mustard &
mayo on the side - on wheat
bread, served with chips and a
cookie | <input type="checkbox"/> Smoked Ham sandwich with
lettuce and cheese, mustard &
mayo on the side - on white
bread, served with chips and a
cookie |
|--|---|---|

CONFERENCE VIDEO/PHOTOGRAPHY CONSENT:

By registering for the conference, participants agree to allow images or voice recordings created through photography, videography or other electronic means in which they appear, to be edited, reproduced and distributed for unlimited use, in whole or in part, by the State of Ohio, OhioMHAS, at its sole discretion.

**Please contact Danielle Granata regarding Continuing Education credits.
Danielle.Granata@mha.ohio.gov or (330)833-3135 x1206**

**CONFERENCE WILL BE HELD AT
HEARTLAND BEHAVIORAL HEALTHCARE
3000 ERIE ST. S.
MASSILLON, OHIO 44646
(330) 833-3135**

**Registration begins at 8:00 a.m.
Event will wrap up at 4:00 p.m.**