

Conference Registration

Conference Fees

Individual	\$75.00 each
Group Rate (2 or more of the same agency)	\$60.00 each
Students (must present valid student ID at the door)	\$30.00 each
At the door (October 30, 2003)	\$90.00 each

Name _____ Company/Affiliation _____
Address _____
City _____ State _____ Zip _____
E-mail _____
Daytime Phone () _____ Evening Phone () _____
Profession _____ Professional License _____
Lic. Exp. Date _____

Enclose full payment with registration form. Please make non-refundable check or money order payable to **MAPS**.

Check or Money Order for \$ _____ Number of people attending: _____

Choice of workshops (please circle one for AM and one for PM/and number of people attending each workshop):

AM: I Historical/Socio-cultural _____ II Health/Mental Health _____
PM: III Delivery of Services _____ IV Media _____

Please mail or fax by October 17, 2003 to:

(For any registration questions, please call Lucinda Morais, **617-864-7600**).

Healthy Mind, Healthy Body Conference

c/o MAPS

1046 Cambridge Street

Cambridge, MA 02139

Fax 617-864-7621