

# Conference Registration

*Pediatric Mental Health Conference, May 2, 2009  
St. Luke's Boise Regional Medical Center – Boise, Idaho*

*(Please print clearly)*

Name: \_\_\_\_\_

Degree/Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Professional Specialty: \_\_\_\_\_

Email (confirmation letters will be sent by email) \_\_\_\_\_

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**\*\*\*Registration Deadline: April 20, 2009\*\*\***

Early Registration ~ On or before April 20, 2009  \$65 (per person)

Late Registration ~ After April 20, 2009  \$75 (per person)

Groups of 5 or more before April 20, 2009 **(All registrations must be submitted together to be eligible for the discount per person)**  \$60 (per person)

Students ~ With current student ID  \$10 (per person)

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Make checks payable to **St. Luke's**

Mail check and registration to: St. Luke's Women's & Children's Education  
Attn: MATCH  
103 W. State Street Boise, Idaho 83702

Credit card registrations may be mailed or faxed to **(208) 381-4677**.

Visa  MasterCard  Discover

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration: \_\_\_\_\_

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**Cancellation Policy: There will be no refunds considered after April 20, 2009; however, substitutions will be allowed. Please call (208) 381-2666 or email [matulonk@slrmc.org](mailto:matulonk@slrmc.org) to arrange for substitutions.**

**Confirmation letter by email will follow with parking and conference details.**