



Consumer Council System of Maine

A Voice for Consumers of Mental Health Services

www.maineccsm.org

2018 ANNUAL MEETING REGISTRATION FORM

First Name _____ Last Name _____

Address _____

Telephone _____ Email _____

Registration Selection:

___ Peer/Consumer: \$10 ___ Provider: \$25 ___ Community Member: \$25

Please specify any food allergies/accommodations:

Please Note: Accommodation of food allergies may NOT be possible after the registration deadline!

___ I have enclosed a check for \$ _____ to cover my registration fee.

___ I will pay registration fee at the event.

***Please submit registration form with payment by January 19, 2018 to Melissa Caswell:
Consumer Council System of Maine, 219 Capitol Street, Suite #7, Augusta, ME 04330
207-430-8300 Toll-Free: 1-877-2307-5073 Fax: 207-430-8301
Email: info@maineccsm.org***