



2018 Annual State Conference
Mental Health at the Intersections
September 28-29, 2018
Yakima Convention Center, 10 N. 8th St., Yakima WA
Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Are you a NAMI Member: YES NO

If Yes, what is your Affiliate: _____

If No – if you join NAMI Today you can register at the NAMI Member Rate, just go online to www.nami.org and click on the JOIN button.

Did you join NAMI today to receive the Membership Rate? YES NO

Do you need an ASL Interpreter? YES NO

Do you have any food allergies, and if yes, please list: YES NO _____

Do you have any dietary restrictions (gluten free, vegetarian, etc), if yes, please list: YES NO _____

Please choose the following meals – check only one box per meal:

Dinner – Friday, September 28, 2018

- Stuffed Chicken with Wild Mushrooms & Spinach (gluten free)
- Pan Seared Salmon with Wild Rice & Seasonal Vegetables (gluten free)
- Stuffed Spinach Portobella Mushroom

Lunch – Saturday, September 29, 2018

- Roast Beef Wrap with Grilled Peppers and Ancho Mayonnaise
- Honey Roasted Turkey Wrap with Spicy Mustard
- Grilled Vegetable Wrap
- Chopped Salad: Genoa Salami, Roast Turkey, Provolone, Garbanzo Beans, Tomatoes, Scallions (Balsamic Dressing)
- Chicken Caesar Salad: Rotisserie Chicken, Romaine, Parmesan Cheese, Cherry Tomatoes, Croutons (Caesar Dressing)

Hotel Information

HOTEL - INDIVIDUALS MUST MAKE THEIR OWN HOTEL RESERVATIONS.

Conference registration DOES NOT include hotel.

The host hotel, the Red Lion, has reserved rooms at a conference rates of \$112.09/ per night (includes tax and fees). To make a reservation at the Red Lion you can [book online](#) or call 1-800-733-5466 and use rate code NAMI0928 - this will identify that you are part of the NAMI Washington Conference. These special rates are good for reservations made by

SEPTEMBER 14th 2018

Conference Registration Information

EARLY BIRD REGISTRATION RATES

(CHOOSE ONE) – To be considered Early Bird the Registration must be received by August 26th, 2018.

- NAMI Member \$150.00
- Non-Member \$175.00

TOTAL: \$ _____

REGULAR REGISTRATION RATES - AUGUST 27TH -SEPTEMBER 9TH, 2018

(CHOOSE ONE) – To be considered Regular the Registration must be received by September 9th, 2018

- NAMI Member \$175.00
- Non-Member \$200.00

TOTAL: \$ _____

LATE REGISTRATION RATES SEPTEMBER 10TH – 26TH, 2018

(CHOOSE ONE) – To be considered Late the Registration must be received by September 26th, 2018

- NAMI Member \$200.00
- Non-Member \$225.00

TOTAL: \$ _____

ADDITIONAL GUEST MEALS (CHOOSE FULL MEAL OR INDIVIDUAL MEALS)

- Guest Full Meal Package: Includes Friday Dinner, Saturday Breakfast, Lunch & Closing Reception: \$135.00
- Guest – Friday Dinner Only: \$40.00
- Guest – Saturday Breakfast Only: \$30.00
- Guest – Saturday Lunch Only: \$35.00
- Guest – Saturday Closing Reception Only: \$30.00

Dinner – Friday, September 28, 2018 (choose 1)

- Chicken with lemon butter caper sauce*
- Portabella Mushroom Quinoa: Stuffed portabella with quinoa, roasted red pepper coulis, herb pistou finished with basalmic reduction*
- Eggplant Parmesean*

Lunch – Saturday, September 29, 2018 (choose 1)

- Roast Beef Wrap with Grilled Peppers and Ancho Mayonnaise
- Honey Roasted Turkey Wrap with Spicy Mustard
- Grilled Vegetable Wrap
- Chopped Salad: Genoa Salami, Roast Turkey, Provolone, Garbanzo Beans, Tomatoes, Scallions (Balsamic Dressing)
- Chicken Caesar Salad: Rotisserie Chicken, Romaine, Parmesan Cheese, Cherry Tomatoes, Croutons (Caesar Dressing)

GUEST MEAL PACKAGES TOTAL: \$ _____

Please include names of people receiving Guest Meals:

TOTAL AMOUNT DUE (Registration & Guest Meals): \$ _____

Payment Methods

- Enclosed please find my check # _____ for the total amount due

- I would like to pay by credit/debit card and my signature below provides you with authorization to charge my card for the total amount due +3.5%. NAMI accepts VISA, MASTERCARD, and AMERICAN EXPRESS. All information below must be provided to use a credit/debit card.

Card Number: _____ Exp. Date _____ Security Code _____

Name on Card: (please print) _____

Billing Address if different from above: _____

Phone if different from above: _____

Signature: _____

Return this form to: NAMI Washington, Attention: Conference, 1107 NE 45th St., Suite 230 Seattle WA 98105