

INDIANA ASSOCIATION FOR INFANT TODDLER MENTAL HEALTH, INC
SCHOLARSHIP
REGISTRATION FORM

FOR AUGUST 27, 2010 CONFERENCE

One scholarship per registration form. Copies can be made.

Name

Occupation

Agency/Organization

Address

City

State

Zip

Home/Business Phone

Email Address

I am a:

_____ Consumer

_____ Family Member

_____ Individual in Recovery

Please return **NO LATER THAN AUGUST 21, 2010** to:
Mental Health America of Indiana
1431 N. Delaware St.
Indianapolis, IN 46202

OR FAX TO: 317 638-3540

**Note: Scholarships are limited to available funding
and will be provided on a first come, first serve basis.**