

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH SERVICES ACT (MHSA)
WORKFORCE EDUCATION AND TRAINING (WET)
IN COLLABORATION WITH
LOS ANGELES SOUTHWEST COLLEGE



CONFERENCE REGISTRATION FORM

Instructions: All requested information must be filled out to be registered for this training offered by the Department of Mental Health (DMH).

Print Only

**EDUCATION AND EMPLOYMENT:
CORNERSTONES OF MENTAL HEALTH**

Conference Title

**FEBRUARY 15, 2011
9:00 a.m. – 3:30 p.m.**

Conference Date/Time

First Name

M Initial

Last Name

Agency/School

Position/Title

Address

City

State

Zip

Telephone number (Required)

Email Address (for registration confirmation, if available)

Ethnicity: African American Asian American Hispanic/Latino Native American
 Pacific Islander White, non-Hispanic **If, other, Please Specify:** _____

Language: Arabic Armenian Cambodian Cantonese English Farsi
 Korean Mandarin Other Chinese Russian Spanish Tagalog
 Vietnamese Sign Language **If Other, Please Specify:** _____

Interpreter Services will be provided. Please check if applicable:

- Sign Language
 Spanish Speaking

Return Application to:
County of Los Angeles – DMH
MHSA – WET
Heidi Techasith, Secretary
550 S. Vermont Ave., 6th Floor, Los Angeles, CA 90020
Fax: (213) 383-8234 (do not include a cover sheet)
Phone: (213) 738-4870

**THIS CONFERENCE IS FREE OF
COST TO ALL PARTICIPANTS.**

