

# TRANSITION AGE YOUTH (TAY) CONFERENCE

Promoting Hope, Wellness, and Self-Sufficiency

May 17, 2011- 7:30 AM to 5:00 PM

The California Endowment - Center for Healthy Communities, 1000 N. Alameda St., Los Angeles, CA 90012

## REGISTRATION

1. INFORMATION: (PLEASE PRINT LEGIBLY)

Los Angeles County DMH Employee Number: (As applicable): \_\_\_\_\_

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

Program/Unit: \_\_\_\_\_ Title: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Print Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

License/Registration #: \_\_\_\_\_ RN LCSW MFT LPT CAADAC Other: \_\_\_\_\_

2. TAY CONSUMER SCHOLARSHIP: (RESERVED FOR TRANSITION AGE YOUTH CONSUMERS AGED 16-25.)

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

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_ Age: \_\_\_\_\_

3. SPECIAL NEEDS: (Please note that this information must be received by May 3, 2011)

American Sign Language (ASL) Interpreter

4. REGISTRATION FEES:

Total amount - Rate for all conference attendees \$20.00. Please make all checks payable to Los Angeles County DMH TAY Conference. **SPACE IS LIMITED – ON-SITE REGISTRATION MAY NOT BE AVAILABLE.**

All registrants mail form and check to: Los Angeles County DMH "TAY Conference"  
550 S. Vermont Ave., 4th floor  
Los Angeles, CA 90020  
Attention: Araceli Mendez

Registration confirmation will be emailed on or before May 3, 2011.

NOTICE: Returned checks will be charged \$30.

REFUND: Full refund less \$15 administrative fee before April 29, 2011.

Request must be made in writing. No refund after May 1, 2011.

5. PARKING: Complimentary

For additional registration questions, please email: [DMHTAYConference2011@dmh.lacounty.gov](mailto:DMHTAYConference2011@dmh.lacounty.gov).

