



# Consumer Council System of Maine

A Voice for Consumers of Mental Health Services

www.maineccsm.org

## 2017 ANNUAL MEETING REGISTRATION FORM

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### **Registration Selection:**

\_\_\_ Peer/Consumer: \$5    \_\_\_ 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.

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***Please submit registration form with payment by January 9, 2017 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***