

**Indiana Minority Mental Health Professional Association, Inc  
2011 Fall Conference**

**MENTAL HEALTH AND MINORITY VETERANS:  
INTEGRATION, OBSTACLES AND OPTIONS**

**Registration Form**

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Attendees Name

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Organization

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Address

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City, State, Zip Code

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Phone Number

Fax Number

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Contact Person's E Mail Address

To attend, please fill out this form and mail to:

P.O. Box 88788, Indianapolis, IN 46205 or fax to 317-923-2441

Make checks payable to IMMHPA

For questions, please call 317-923-3930 and ask for Carolyn Babington or [mscarolyn@sbcglobal.net](mailto:mscarolyn@sbcglobal.net)

Please make check or money order payable to IMMHPA

**COST: \$99**

4 agency staff - \$79.00/each

Student: \$25.00

CEU's/CLE's: \$10

My check or money order is enclosed.

I wish to pay on-site (\$3.00 surcharge applies)

Conference sponsorship opportunities are available.  
For more information, contact (317) 923-3930