



**Roadmap to Recovery  
IDHS DMH Regions 3 and 4 Annual Recovery Conference  
September 12, 2018**

**Erin's PAVILION**  
4965 S 2<sup>nd</sup> Street  
Springfield, IL 62703

**Registration and T-Shirt Order Form**

**Registration - \$13.00 per person, including lunch**

**PLEASE PRINT**

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

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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

Agency Affiliation: \_\_\_\_\_

Special Accommodations: \_\_\_\_\_

**CEUs – for CRSS Only - Free**

CEUs: (circle one)    Yes            No

License Type: \_\_\_\_\_

License #: \_\_\_\_\_

**T-Shirts – # of each size at \$12.00 each**

<u>Size</u>	<u>#</u>	<u>Size</u>	<u>#</u>
Med	_____	2XL	_____
Large	_____	3XL	_____
XL	_____	4XL	_____

T-Shirt Purchase is **OPTIONAL**.

**Lunch**

Box lunch from Nelson's Catering (your choice of ham, turkey, or vegetarian), chips, cookie, tea and lemonade. Circle one sandwich choice below:

**Ham                      Turkey                      Vegetarian**

**Fees: Deadline for pre-registration is September 7**

Registration (\$13.00 per person)                      \$ \_\_\_\_\_

T-Shirt(s) (# ordered x \$12.00)                      \$ \_\_\_\_\_

**Total Due**                      \$ \_\_\_\_\_

**Workshop Choices** (Choose a 1<sup>st</sup> and 2<sup>nd</sup> choice for each session)

<u>Session</u>	<u>1<sup>st</sup> Choice</u>	<u>2<sup>nd</sup> Choice</u>
<b>A (AM)</b>		
<b>B (PM)</b>		

**Please make checks payable to: Locust Street Resource Center**

**Please mail to:**                      Recovery Conference  
ATTN: Tom Troe  
Region 3 IDHS/Division of Mental Health  
200 S. Second St. Suite 20  
Pekin IL 61554

**PAYMENT MUST ACCOMPANY THIS ORDER FORM!**