



**AMHL 2010**

**SAN FRANCISCO**

**ASSOCIATION OF MENTAL HEALTH LIBRARIANS  
CONFERENCE REGISTRATION FORM  
OCTOBER 1 - 3, 2010**

**NAME & CONTACT INFORMATION**

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

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

**REGISTRATION LEVEL**

Please select your attendance type and method of payment:

Full Conference

Friday Only

Saturday Only

Student

Guest for banquet

Amount Due:

## PAYMENT METHOD

PayPal

Cashier's Check

Mail check to: AMHL Registration  
Attn: Joe Tally  
Alliant International University  
One Beach Street  
San Francisco, CA 94133-1220

## SPECIAL REQUIREMENTS

Please check the box that applies or indicate your requirements in the field below.

Accessibility

Dietary

Other

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