

BUILDING COMMUNITY PARTNERSHIPS

2011  NAMI MS and MS PEER LEADERSHIP NETWORK STATE CONFERENCE April 29 & 30

NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

e-MAIL: _____

The Hilton Hotel meets ADA requirements.

Please use a separate form for each person attending.
Make checks payable to **NAMI Mississippi**, and mail to:

NAMI Mississippi
411 Briarwood Dr., Ste 401
Jackson, MS 39206-3058

Check here if you will be attending the luncheon on Saturday. Must register before 4/15/11.

REGISTRATION FEE ENCLOSED: _____

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