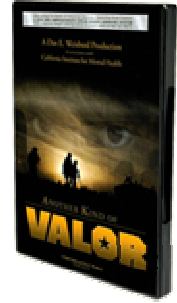




Registration Form
ANOTHER KIND OF VALOR

September 24, 2009
9:00 a.m. to 3:00 p.m.

Kings County Behavioral Health
530 Kings County Drive
Conference Room, Suite B
Hanford, Ca 93230



Organization: _____

Preferred Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

CONFERENCE FEES include: catered lunch, training handouts, and Another Kind of Valor DVD/CD set.

1. Full Name: _____ (First name for badge) _____

Telephone: (____) _____ Email: _____

Lunch selection: [] Turkey [] Roast Beef [] Club [] Veggie

2. Full Name: _____ (First name for badge) _____

Telephone: (____) _____ Email: _____

Lunch selection: [] Turkey [] Roast Beef [] Club [] Veggie

3. Full Name: _____ (First name for badge) _____

Telephone: (____) _____ Email: _____

Lunch selection: [] Turkey [] Roast Beef [] Club [] Veggie

4. Full Name: _____ (First name for badge) _____

Telephone: (____) _____ Email: _____

Lunch selection: [] Turkey [] Roast Beef [] Club [] Veggie

Indicate number of guests: _____ total number x \$25 TOTAL ENCLOSED: \$ _____

PAYMENT METHOD: Cash, Check or Money Order must be in U.S. funds payable to: Kings County Behavioral Health. There will be a \$25.00 fee charged on checks returned by the bank due to insufficient funds. NO CREDIT CARDS ARE ACCEPTED. Registration confirmation will be emailed and a receipt will be provided at the training.

Cancellations/Changes and Refunds: Fees are non-refundable. Substitution dates will be allowed at no charge with 48 hour prior notice.

Please mail or fax completed registration form with payment to:

Phone: (559) 582-3211 ext 2333

FAX: (559) 589-2968

Email: BHAinfo@co.kings.ca.us

VALOR TRAINING

Kings County Behavioral Health

450 Kings County Drive, Suite 102

Hanford, CA 93230