

Missouri Department of Mental Health's
Spring Training Institute | Virtual Conference | May 19-20, 2022
 Registration Form; return to conferences@mimh.edu
www.springtraininginstitute.com

Registrant Information (for multiple registrants, please use page 2):	
Registrant First and Last Name:	
Registrant Email Address:	
Registrant Phone Number:	

<input type="checkbox"/> Bill Employer; Employer/Company Billing Information:	
Employer/Company Name:	
Billing Contact Person First and Last Name:	
Email Address for Billing Contact Person:	
Phone Number for Billing Contact Person:	
Employer Address:	
Employer City & State:	
Employer Zip:	

<input type="checkbox"/> Bill Registrant; Registrant Billing Information:	
Home Address:	
Home City & State:	
Home Zip:	

Product	Price (check all that apply)
Full Conference (both days) Attendance www.springtraininginstitute.com for more conference info	<input type="checkbox"/> \$115.00 early bird price until May 1, 2022 <input type="checkbox"/> \$135.00 price May 1, 2022 – on
Virtual Exhibit Booth	<input type="checkbox"/> \$225.00
Virtual Exhibit Booth Additional Worker	<input type="checkbox"/> \$135.00
Sponsorship Level Platinum	<input type="checkbox"/> \$10,000.00
Sponsorship Level Gold	<input type="checkbox"/> \$7,500.00
Sponsorship Level Silver	<input type="checkbox"/> \$5,000.00
Sponsorship Level Bronze	<input type="checkbox"/> \$1,000.00
Networking Lounge	<input type="checkbox"/> \$7,500.00

Refund Policy

If you are unable to attend, we ask that you notify us as soon as possible. Cancellations received in writing five business days prior to the date of the program will be refunded, less a \$75.00 processing fee. You may send a substitute, but we ask that you notify us in writing of this change at conferences@mimh.edu. If you do not attend or send a substitute, you, or your employer, will be billed the full registration fee.

Special Needs

If a registrant has special needs, we ask that you notify us at 314-516-8419 or conferences@mimh.edu as soon as possible. We will make reasonable efforts to accommodate your needs.



Additional Registrants

	Registrant First Name and Last Name	Registrant Email Address	Registrant Phone Number
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Missouri Institute of Mental Health
Professional Training