NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services
and
Division of Medical Assistance

A Videoconference on: Community Support Plan Updates
December 18, 2007
8:30 a.m. - 12:00 p.m.

REGISTRATION FORM

___Mr. ___Ms. Name: _____
First Last

Position: _____ County: _____

Agency Name: _____

Agency Location:
(NOT P.O. BOX) _____
No. and Street City State Zip

Agency Mailing Address: _____

Work Phone #: _____

Work Fax #: _____

Location you prefer to attend:

Cullowhee – Western Carolina University

Fax registration form to:

Communications and Training Team
DHHS-DMH/DD/SAS
(919) 508-0965

*** Please do not call. A confirmation call will be provided within 48 hours**.

Print Form