



Registration Form

(Please print clearly and make copies for additional participants)

Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____
 Email: _____

Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____
 Email: _____

Additional Attendees

Name: _____
 Phone: (____) _____

Name: _____
 Phone: (____) _____

Name: _____
 Phone: (____) _____

Name: _____
 Phone: (____) _____

Additional Attendees

Name: _____
 Phone: (____) _____

Name: _____
 Phone: (____) _____

Name: _____
 Phone: (____) _____

Name: _____
 Phone: (____) _____

PRIOR REGISTRATION PREFERRED

WALK-IN WELCOME

Tickets: \$40 per person

Continental Breakfast & Lunch included

Please submit this form and special needs request to B. Judge at bjudge@myindependentliving.org. For questions call (845) 565-1162 x242.

*Please mail checks payable to:
 Independent Living, Inc., Attn: Bridget Judge,
 5 Washington Terrace, Newburgh, NY 12550*

SPONSORED BY - Orange County Department of Mental Health; Access: Supports For Living; Catholic Charities Community Services of Orange and Sullivan; Cornerstone Family Healthcare; HONOR; Independent Living, Inc.; Mental Health Association in Orange County, Inc.; NAMI Orange County, NY; The Newburgh Ministry; New York Association of Psychiatric Rehabilitation Services, Inc. (NYAPRS); PEOPLE, Inc.; Regional Economic Community Action Program (RECAP); Rehabilitation Support Services, Inc.; St. Luke's Cornwall Hospital.