

Additional Information

Are you attending as part of a group?

Yes

No

Group Name _____

Group Contact _____ Phone _____

Email Address of Group Contact _____

Are you sharing a room with another attendee?

Yes

No

Name of Roommate (if applicable) _____ Phone _____

Please Print Your Name _____

Why are you interested in attending the conference?

How will you use the information you obtain at the conference in your local community?

How many years have you been awarded a scholarship? (REQUIRED)

If you have additional questions, you may contact conference staff at consumerconference@dmh.mo.gov.

Completed Scholarship Applications can be sent via:

Mail:

Missouri Department of Mental Health
Attn: Real Voices Real Choices Conference
1706 E. Elm Street
Jefferson City, MO 65101

Fax:

573-526-7926
Attn: Real Voices Real Choices Conference

Email:

consumerconference@dmh.mo.gov