PARENT/PROFESSIONAL ADVOCACY LEAGUE

4th Annual Conference & Celebration ❋ May 30, 2014 ❋ Best Western Marlborough

INDIVIDUAL TICKETS

Parent/Caregiver	No. of tickets: ___ x $15 = ___
Professional	No. of tickets: ___ x $35 = ___
Young Adult (16-25)	No. of tickets: ___ x $10 = ___
Donate tickets	No. of tickets: ___ x $10 = ___

I am unable to attend, but would like to make a tax-deductible donation:

- ❑ $100
- ❑ $250
- ❑ $500
- ❑ $ _____ (other amount)

TOTAL: $ _____

CONTACT INFORMATION

Name: _____
Organization: _____
Address: _____
_____
_____
Phone: _____
Email:_____

PAYMENT OPTIONS

- ❑ Enclosed check made payable to PPAL
- ❑ Mastercard
- ❑ Visa

Cardholder name: _____
Account #: _____
Exp. date: ___/___
Signature: _____

Please return this form to:

PPAL
45 Bromfield Street
10th Floor
Boston, MA 02108

Scholarships available

Questions?

Call: 617-542-7860 or 508-767-9725
Email: conference@ppal.net

Parent / Professional PPAL Advocacy League

EDUCATE - COLLABORATE - ADVOCATE

The Massachusetts Family Voice for Children's Mental Health www.ppal.net