



Fairfax Partnership for Youth, Inc

Fourth Annual Mental Wellness Conference
“The Many Faces of Depression”
May 13, 2008 ~ 8:30AM ~ 3PM
Fairfax Community Church, Fairfax Virginia
11451 Braddock Road
Fairfax, VA 22030

REGISTRATION FORM

Name: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

We have 5 workshops, please select which one you will attend from the agenda: _____

LUNCH? _____ Vegetarian _____
YES NO YES

Special Needs?(We require 2 weeks notice)_____.

Please indicate the number of tickets/\$30.00 conference registration fee.

Number of tickets _____

You may choose to visit our website at www.fairfaxyouth.org for both online registration for your payment using PAYPAL.

Checks should be payable to: **Fairfax Partnership for Youth**, 12011 Government Center Parkway, Suite 1050, Fairfax, Virginia 22035 ~ FPY is registered as a 501 (c) (3) organization, Tax ID# 54-1874412

For additional information, visit www.fairfaxyouth.org or contact Linda Eatmon-Jones at 703-324-5703