Picking Up the Pieces Registration Form

Agency Name			
Primary Contact Name			
Primary Contact Cell Phone			
Primary Contact Email			
Return form to mspiegel@pcho.org.	Send payment to PCHO, 400	West Ave, Ste 200, Rochester, NY 14611	
We are registering for:			
Title Sponsor (includes 8 attendees	and a vendor table): \$5000		
Healing Partner (includes 8 attender	es and a vendor table): \$3000		
Hope Embassador (includes 5 atten	dees and vendor table): \$1500		
Recovery Advocate (includes 3 atte	ndees and a vendor table): \$75	50	
Full Table (10 attendees for the price of 9): \$1125 before Sept 1; \$1260 after Sept 1			
Must register for full table be	efore Sept 27		
Vendor Table Only (includes 1 atten	idee): \$300		
Must register for Vendor Tal	ble before Sept 27		
Extra Attendee(s)/Attendee(s) Only:	Before Sept 1: \$110 Sept 1-26: \$140 Sept 27-Oct 4: \$150		
Attendee Information			
Name	Cell Phone	Email	

Name	Cell Phone	Email
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