



## **New York State Coalition for Children's Mental Health Services**

### **2010 Awards Reception, Family Dinner and Legislative Day February 1 & 2, 2010 Crowne Plaza, Albany, New York SCHEDULE OF EVENTS**

#### **Monday, February 1, 2010**

**12noon-3:00pm**

##### **Full Coalition Meeting**

*Parsons Child and Family Center  
60 Academy Road, Albany*

**4:00pm - 5:00pm**

##### **Advocacy Training for Families**

*The Crowne Plaza  
State and Lodge, Albany*

**5:30pm - 6:30pm**

##### **Annual Awards and Family Recognition Reception Awardee**

**2009 Extraordinary Advocate: Linda Rosenberg, President and CEO, The National Council for  
Community Behavioral Healthcare**

**6:30pm - 9:00pm**

##### **Family Dinner**

*The Crowne Plaza  
State and Lodge, Albany*

#### **Tuesday, February 2, 2010**

##### **Legislative Appointments**

*On Tuesday, providers, family members and staff  
are encouraged to schedule visits with their local legislators  
throughout the day. If you would like assistance  
scheduling an appointment, please call Andrea Smyth at 518-426-8354.*

#### **CROWNE PLAZA HOTEL RESERVATIONS**

Please call the Crowne Plaza at 1-800-2CROWNE or (518) 462-6611 and state that you are with  
the Children's Coalition group code: BBV  
Discounted Room Cut-off: January 18, 2010 Room Rate is \$139 single/double.

New York State Coalition for Children's Mental Health Services  
Family Dinner & Legislative Visits, February 1-2, 2010 Albany, NY

Please print or type. Email is preferred method of submitting form.

**Family Members**

1)Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

I will attend Dinner \_\_\_ Yes \_\_\_ No

I will attend the Advocacy Training \_\_\_ Yes \_\_\_ No

My Legislative Visits are with:

Name of Legislator(s) and

Appt. Times: \_\_\_\_\_

2)Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

I will attend Dinner \_\_\_ Yes \_\_\_ No

I will attend the Advocacy Training \_\_\_ Yes \_\_\_ No

My Legislative Visits are with:

Name of Legislator(s) and Appt.

Time(s) \_\_\_\_\_

**Staff Members**

1)Name \_\_\_\_\_

Agency \_\_\_\_\_ Email \_\_\_\_\_

I will attend Dinner \_\_\_ Yes \_\_\_ No

I will attend the Advocacy Training \_\_\_ Yes \_\_\_ No

My Legislative Visits are with: Name of Legislator(s) and Appt.

Time(s) \_\_\_\_\_

2) Name \_\_\_\_\_

Agency \_\_\_\_\_ Email \_\_\_\_\_

I will attend Dinner \_\_\_ Yes \_\_\_ No

I will attend the Advocacy Training \_\_\_ Yes \_\_\_ No

My Legislative Visits are with:

Name of Legislator(s) and Appt.

Time(s) \_\_\_\_\_

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