



# New York State Coalition of Children's Mental Health Services

## **2013 AWARDS RECEPTION FAMILY DINNER & LEGISLATIVE DAY**

January 28 & 29, 2013  
*Hotel Albany - A Hilton Affiliate Hotel*  
*40 Lodge Street, Albany, NY, 12207*

### SCHEDULE OF EVENTS

#### • **Monday, January 28, 2013** •

**12noon-3:00pm**  
**Full Coalition Meeting\***  
*Hotel Albany*

\*2pm-3pm - Update on budget/legislative talking points and advocacy. Family members are encouraged to attend.

**4:00pm - 5:00pm**  
**Advocacy Training for Families**  
*Hotel Albany*

**5:30pm - 6:30pm**  
**Annual Awards and Family Recognition Reception**  
*Hotel Albany*

**6:30pm - 9:00pm**  
**Family Dinner**  
*Hotel Albany*

#### • **Tuesday, January 29, 2013** •

##### **Legislative Appointments**

On Tuesday, providers, family members and staff are encouraged to schedule visits with their local legislators throughout the day.

### **HOTEL RESERVATIONS**

Please call the **Hotel Albany ~ an Affiliate of Hilton Hotels** (formerly known as the Crowne Plaza)

at **1-866-691-1183** and state that you are with

**The Children's Coalition Group Code: 1-GIA**

Discounted Room Cut-off: January 7, 2013 Room Rate is \$146.00 single/double.

For Hotel information, please visit <http://www.thehotelalbany.com/>

New York State Coalition for Children's Mental Health Services

**Family Dinner & Legislative Visits**

January 28 & 29, 2013 Albany, NY

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

**Family Members**

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone: \_\_\_\_\_

I will attend Dinner:  Yes  No      I will attend the Advocacy Training:  Yes  No

*My Legislative Visits are with:*

Name of Legislator: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Name of Legislator: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Name of Legislator: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone: \_\_\_\_\_

I will attend Dinner:  Yes  No      I will attend the Advocacy Training:  Yes  No

*My Legislative Visits are with:*

Name of Legislator: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Name of Legislator: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Name of Legislator: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

**Staff Members**

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

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

will attend Dinner:  Yes  No      I will attend the Advocacy Training:  Yes  No

*My Legislative Visits are with:*

Name of Legislator: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Name of Legislator: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Name of Legislator: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

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

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

will attend Dinner:  Yes  No      I will attend the Advocacy Training:  Yes  No

*My Legislative Visits are with:*

Name of Legislator: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Name of Legislator: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Name of Legislator: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

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

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