



Contact Information

Last		First		M.I.
Address				
City		State	Zip	
Country				
Phone ()			Email	
Age	Birthday / /		<input type="checkbox"/> Male	<input type="checkbox"/> Female
If under 18, please provide us with the contact information of a parent or legal guardian who will be accompanying you to the conference. The parent/guardian accompanying a minor must also pay the conference fees, and be present with the minor at all times.				

Last		First		M.I.
Address				
City		State	Zip	Country
Phone ()			Email	
Occupation: <input type="checkbox"/> Student <input type="checkbox"/> Mental Health Professional <input type="checkbox"/> Social Worker <input type="checkbox"/> Other (please specify):				

Personal Information

Where did you hear about TWLOHA? Friend Former TWLOHA Staff/Intern School
 Music Festival Bands TWLOHA Website Other (please specify):

Are you currently struggling with any of the following: Depression Anxiety Self-Injury
 Eating Disorder Trauma Thoughts of Suicide None of these Other (please specify):

If yes, are you currently receiving counseling/treatment from a mental health professional for the issue(s) stated above?
 Yes No Please explain: _____

Please Note: Due to the nature of the issues presented in this conference, some of the material discussed may be intense and/or potentially triggering. We suggest consulting with your mental health professional before coming to this conference. If detailed discussions of certain issues may be harmful to your current recovery process, we recommend not attending at this time.

I have read and understand the above statement (please sign): _____

Why do you support TWLOHA? _____

Why do you want to participate in the MOVE Conference? _____

University Chapters (applies to University Students only)

Are you interested in starting a UChapter at your school? Yes No I'd like more information

Why do you want to establish a UChapter on your campus? _____

Name of School: _____ Public (State) Private

Briefly tell us about your school (location, demographics, size, etc): _____

Please tell us about the activities you are involved in on campus: _____

What is a leader? _____

Is there an existing UChapter already established on your campus? Yes No I don't know

Registration Information

Interested in Registering For (check all that apply): MOVE Conference (\$125.00 USD)
 Parent/Guardian
 UChapter Breakout Sessions (no extra cost)

I certify that the information provided on this form is true and accurate to the best of my knowledge. I understand that any misrepresentation of myself or the information provided will result in disqualification from the MOVE Conference.

Signature **Date** **Parent/Guardian Signature** **Date**