



JULY 31 - August 1, 2025

Charleston, South Carolina
www.lowcountrymhconference.com

VIRTUAL Registration Form

VIRTUAL REGISTRATION (* Denotes a required field)

* Name _____
(As you would like it to appear on your conference badge)

* Professional Affiliation (e.g., LPC, MD, LMSW) _____

* DMH Employee: Y___ N___ DMH Center _____

* Email _____

* City _____ *State _____

Organization/Company _____

Phone _____ Coupon Code _____

CONFERENCE RATES (Circle Your Choice)

Mental Health Professionals (CEU/CE registrants) *Counselor, MFT, Social Worker, Psychologist, Nurse, Educator*

✦ **\$310** regular Full Conference _____

✦ **\$225** regular One-Day (July 31 _____ Aug 1 _____)

M.D.'s & D.O.'s (CME registrants)

✦ **\$445** regular Full Conference _____

✦ **\$315** regular One-Day (July 31 _____ Aug 1 _____)

Community & Student Rates Available Online

Mail completed form & check to:

Charleston Clinic
2100 Charlie Hall Blvd.
South Lobby; Attn: Tia Lewis
Charleston, SC 29414

Checks payable to: **Mental Health Heroes**

* View a detailed virtual schedule at:

www.lowcountrymhconference.com/schedule