



## ***The 18<sup>th</sup> Annual April Awareness Breakfast***

***Please join us as we “Celebrate Families” of the Mohawk Valley!  
Tuesday, April 5, 2016***

***Registration begins at 8:00 A.M. (Coffee / Exhibitor Booths / Deluxe Breakfast Buffet)  
8:30 A.M. – 10:00 A.M. (Program)***

***Hart’s Hill Inn  
135 Clinton Street  
Whitesboro, New York 13492***

***\$25.00 per person  
\$150.00 exhibitor booth (Includes 1 participant)***

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***18<sup>th</sup> Annual April Awareness Breakfast  
Please respond no later than Monday, March 28, 2016***

***\_\_\_\_\_ Attendee(s), totaling \$ \_\_\_\_\_  
\_\_\_\_\_ Exhibitor Booth(s), totaling \$ \_\_\_\_\_***

*Please mail registration to: CFLR, Inc. 502 Court Street, Suite 401 Utica, NY 13502*

*Please make checks payable to: Center for Family Life and Recovery, Inc.*

*To make a payment online: [www.whenthereshelpthereshope.com/event/april-awareness-breakfast/](http://www.whenthereshelpthereshope.com/event/april-awareness-breakfast/)*

*Please include the following information for a credit card transaction:*

*Type:  VISA  Master Card  Discover  American Express*

*Credit Card Number: \_\_\_\_\_*

*Name On Card: \_\_\_\_\_*

*Signature: \_\_\_\_\_*

*Expiration Date: \_\_/\_\_/\_\_ & CSC \_\_\_\_\_*

*Full Name (Print): \_\_\_\_\_*

*Agency Name: \_\_\_\_\_*

*Mailing Address: \_\_\_\_\_*

*City, State & ZIP: \_\_\_\_\_*

*Telephone (Work): \_\_\_\_\_ (Cell / Home): \_\_\_\_\_*

*E-mail Address: \_\_\_\_\_*