15th Annual Mental Health and Substance Use Recovery Training Conference

Name
Phone
Fax
Professional Title
Company
Company Mailing Address
City/State/Zip
Home Address
City/State/Zip
Email Address
First time Participant?
How did you hear about the conference?

Special meal needs
Special needs accommodations

Do you wish to be excluded from the participant roster? YES NO

**REGISTRATION FEES:**
Postmarked by October 4, 2019:
Full Conference: $205, Tuesday or Wednesday Only: $140
Payments after October 4, 2019:
Full Conference: $315, Tuesday or Wednesday Only: $195
Registration fees cover all materials, refreshment breaks, lunch, and continental breakfasts.

Refund Policy: Full refunds granted upon receipt of written UW-Stevens Point Continuing request received by October 14, 2019. Refunds after October 14 will be assessed a $25 processing fee. No refunds will be given after Monday October 21st, 2019. Substitutions can be made at any time, but no shows will be responsible for the full conference fee. Last minute registrations cannot be guaranteed meals or materials.

**Workshop Choices:**
Morning Keynote (Indicate if you will attend, leave blank if you will not):
Brief Cognitive Behavioral Therapy for Suicide Prevention
8:30 – 9:45 am
Please indicate your 1st and 2nd choice for the session you wish to attend
Tuesday, October 29
1st Choice 2nd Choice
Set I: 10:15 a.m. - 11:45 pm (1-8) (1-8)
Set II: 12:45 - 2:15 p.m. (9-16) (9-16)
Set III: 2:30 - 4:00 p.m. (17-24) (17-24)
Tuesday, October 29, 2019 Optional Forums:
(4:15-5:15 pm) SCAODA Listening Session
(5:30-7:00 pm) Diversity Dialogue
Wednesday, October 30, 2019 Optional Forum:
(7:30-8:20 am) Listening Session

**Send completed form and check payable to UW-Stevens Point:**
UW-Stevens Point Continuing Education
032 Main Bldg., 2100 Main St.
Stevens Point, WI 54481-3897
Phone:715-346-3838
Fax:715-346-3504

Register online at www.uwsp.edu/conted/confwrkshp
Click on “Annual Mental Health and Substance Use Recovery Conference”

An official record of CEHs will be given to you at the end of the conference. Please contact UW-Stevens Point Continuing Education for more information. If you have special needs that require assistance, including special dietary needs, please notify us by phone or in writing at least two weeks prior to the conference. UW-Stevens Point provides equal opportunities in employment and programming. The University of Wisconsin asks that you voluntarily respond to the questions below. The cumulative demographic information will be used to enhance our programming efforts.

(Please Circle)
Gender: Male Female
Age: Under 18 18-34 35-49 50-64 65+
Race/Ethnicity: Black (Non-Hispanic) Asian or Pacific Islander
Amer. Indian/Alaskan Native Hispanic, White (Non-Hispanic)
Please circle your occupation/organization:
Educational Services Health Services (Mental/Physical)
Protective Services Public Administration/ Gov. Agency
Social, Recreational, Religious Other

Cardholder’s Name__________________________
Cardholder’s Signature__________________________
Cardholder’s Address__________________________
Phone #__________________________________
Card Number__________________________
Expiration__________________________