Teen Mental Health, Depression, Suicide Conference: Creating Communities of Awareness and Support

Supported by the MIAA Partners in Prevention

Workshop Topics Include:
- Suicide and Depression, Signs, Symptoms: Prevention, Intervention and Postvention Planning
- Body Image and Eating Disorders
- Bullying, Cyberbullying, and Media Safety
- Meditation, Anxiety and Stress Reduction
- Peer to Peer Prevention Programs
- LGBTQ Depression and Suicide
- Helping the Helpers, and more!

Who should attend?
School Administrators, Wellness Coordinators, Athletic Directors, Teachers, Coaches, Nurses, Guidance Staff, Team Captains, Student Ambassadors, Student Leaders, Activity Group Officers, Club Advisors, School Resource Officers, PTO’s. Schools are encouraged to register a “team” of student and adult leaders.

Space is limited, don’t be left out!

Please visit our websites for the conference program and updates! www.mssaa.org or www.miaa.net

Supported by the MIAA Partners in Prevention

Now Registering

Wednesday, April 8, 2015 8:00 am — 1:30 pm
DoubleTree Hotel, 11 Beaver St. Milford, MA

Conference features key note presentation, concurrent workshop sessions, resource exhibits, panel discussion. Fee includes light breakfast, hot buffet lunch & materials.

For information contact:
Cora Armenio
508-541-7997
carmenio@mssaa.org

5 Professional Hours are available following the conference conclusion. Additional hours are available for those who complete school projects.

A collaborative effort of the:

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Supported by the MIAA Partners in Prevention
Teen Mental Health, Depression, Suicide
Conference Registration
April 8, 2015 ~ 8:00 am - 1:30 pm ~ DoubleTree Hotel ~ Milford, MA

Please return this registration form to:
MIAA, 33 Forge Parkway, Franklin, MA 02038, or fax to: 508-541-9888

The conference registration fee of $225.00 is designed for a team of five (5) representatives from each school or agency. Groups may register less than five individuals or add additional members to their five-person team at a cost of $50 per person. The registration fee includes workshops, resource exhibits, continental breakfast, luncheon and materials. Space is limited, your spot in the conference will be confirmed via email.

Name of School/Agency ____________________________________________
Address ___________________________________________________________________________________________________
City, State, Zip ____________________________________________________________
Contact Person: ___________________ Email: ________________________________
Telephone ____________ ext ___ Fax ____________________________

Name(s) of all people attending:
1. ___________________________________________ Adult ___ Student ___
2. ___________________________________________ Adult ___ Student ___
3. ___________________________________________ Adult ___ Student ___
4. ___________________________________________ Adult ___ Student ___
5. ___________________________________________ Adult ___ Student ___
6. ___________________________________________ Adult ___ Student ___
7. ___________________________________________ Adult ___ Student ___
8. ___________________________________________ Adult ___ Student ___
9. ___________________________________________ Adult ___ Student ___
10. ___________________________________________ Adult ___ Student ___

P.O. ___________________ Check #___________________ Total $_____________

Cancellation Policy: Cancellations received up to 72 hours before the Conference will be honored. If you do not cancel and do not attend, you are responsible for full payment. Please direct all billing questions to the Accounting Department. Please keep a copy of the registration form for your records.