

**Now
Registering**

**A collaborative
effort of the:**



**For information contact:
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5 Professional Hours are available following the conference conclusion. Additional hours are available for those who complete school projects.

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

**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.*

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



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.