

The West Virginia Behavioral Healthcare Providers Association SENIOR LEADERS Conference

Treating Behavioral Health in the Military: An Alliance with Civilian Providers

Presentations/Workshops

THE CENTER FOR DEPLOYMENT PSYCHOLOGY

POST TRAUMATIC GROWTH-A WARRIOR'S
EXPERIENCE

- David P. Ervin

TREATING THE WHOLE SERVICE MEMBER

- Francis Burgess

UNDERSTANDING TriCare

-Toney Colagrosso

SOUTHPAW MULTI-SENSORY THERAPIES

- Tom Marshall

MENTAL HEALTH FIRST AID

- Brian Sharp

AND MANY MORE

THE WEST VIRGINIA BEHAVIORAL
HEALTHCARE PROVIDERS ASSOCIATION
SENIOR LEADERS CONFERENCE

TREATING BEHAVIORAL HEALTH IN THE
MILITARY: AN ALLIANCE WITH CIVILIAN
PROVIDERS

SEPTEMBER 14-16, 2016

CAMP DAWSON, WV

1001 ARMY RD.
KINGWOOD, WV 26537

CEUS: LPC, SW, RN, PSYCHOLOGISTS, PHYSICIAN,
ADDICTIONS

PRIORITY REGISTRATION DUE BY : **AUG. 17TH, 2016**

REGISTRATION DUE BY: **SEP. 1, 2016**



West Virginia
**Behavioral
Healthcare
Providers
Association**



**West Virginia
Behavioral
Healthcare
Providers
Association**

Conference Registration Form

2016 Conference and Annual Meeting

September 14-16

Mail Completed Form With Payment to: "WVBHPA Conference"

(make payable to) WVBHPA
405 Capitol Street; Suite 900
Charleston, WV 25301

Fax form to: 304-343-0760 **Register by email:** dolores@wvbehavioralhealth.org

Please type or print in the space provided:

Your Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Billing Address: (If different) _____

City: _____ State: _____ Zip: _____

Agency/Company/Organization: _____ Attention: _____

Phone: _____ Cell: _____

email: _____ Fax: _____

REGISTRATION CATEGORY

(Select One registration option, and two
breakouts for each day)

- \$215 - Full Registration (Registration, Lodging, Meals)
- \$50 - Commuter Registration (Registration, Meals)

DAY 1

(Choose 2 each day)

DAY 3

- | | |
|--|--|
| <input type="checkbox"/> Supporting Service and Family Member in your
Community Through All Deployment Cycles | <input type="checkbox"/> Pharmacology Issues in Treating
Military Members |
| <input type="checkbox"/> What not to Say to Veterans | <input type="checkbox"/> Treating Traumatic Brain Injury |
| <input type="checkbox"/> Treatment Options for Opioid Dependence | <input type="checkbox"/> Operation Tohido-Holistic Treatment
Treatment for Wounded Warriors |
| <input type="checkbox"/> PAws4Vets | <input type="checkbox"/> TriCare Behavioral Health |
| <input type="checkbox"/> Post Traumatic Growth - A Warrior's
Experience | <input type="checkbox"/> VA Panel- Treating the Whole
Service Member |
| | <input type="checkbox"/> Mental Health First Aid |

METHOD OF PAYMENT (Please Select the Appropriate Box.)

Visa Mastercard Card AMEX Discover

Card # _____ - _____ - _____ - _____ Expires: _____ / _____ / _____ CSC# _____

Name _____ on _____ Card

Check/Money Order Signature (Required): _____

Bill My Agency: _____

CONFERENCE ADMINISTRATIVE USE ONLY

Purchased by (circle): Individual, Agency or Other Items given (circle): Tickets, Name tag, Registration Packet or Other
 Check/Money Order #: _____ Received _____ / _____ / _____ PO/Authorization
 #: _____ Invoice #: _____
 Receipt #: _____ Amount: \$ _____

