

THE WEST VIRGINIA BEHAVIORAL HEALTHCARE PROVIDERS ASSOCIATION SENIOR LEADERS CONFERENCE

Presentations/Workshops

Post Traumatic Growth - A Warriors Experience

- David Pierce Ervin

NATIONAL COUNCIL UPDATE

- Chuck Ingogolia

HR Secrets (DOL Rule)

- Bernie Deem

Let's Raise Our Hands: "We'll do it!"

- Leslie Stone

PARENT CHILD INTERACTION THERAPY

- TBA

ASAM

TAKING CARE OF YOU!

THE WEST VIRGINIA BEHAVIORAL HEALTHCARE PROVIDERS ASSOCIATION SENIOR LEADERS CONFERENCE

SEPTEMBER 14-16, 2016

CAMP DAWSON

**1001 ARMY ROAD
KINGWOOD WV, 26537**

CEUS: LPC, SW, RN, PSYCHOLOGISTS

FEE \$350

INCLUDES CONFERENCE REGISTRATION, ROOM AND MEALS.

GROUP RATE OF \$325 PER PARTICIPANT APPLIES TO GROUPS OF FOUR OR MORE.

REGISTRATION DUE BY: **WEDNESDAY AUGUST 31ST**





Senior Leaders Conference Registration Form

2016 Conference and Annual Meeting

September 14-16, 2016

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 phone:** 304-343-0728

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

(Please Check Appropriate Box. Note: Full Registration Includes Lodging and Meal Costs)

- \$325 - Special Full Registration Group Rate (Four or more. Must be postmarked by August 1st)
- \$350 - Full Registration (Includes Lodging and Meals)
- \$200 - Registration, plus Annual Dinner
- \$225 - Workshops Only

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: \$ _____

Day 1: Wednesday, September 14, 2016

7:00am Golf (Call or email mark@wvbehavioralhealth.org)

1130am-12:45pm Arrival and Registration

1:15pm – 2:45pm David Pierce Ervin – Post Traumatic Growth – A Warrior’s Experience

3:00pm – 4:30pm Bernie Deem – HR Secrets I Only Tell My Friends Including the Real Scoop on Overtime for Non-Profits

7:00pm Dinner Mexican Outside the Liberty Lounge sponsored by Valley HealthCare System

Day 2: Thursday, September 15, 2016

8:00am – 11am Continental Breakfast in Foyer

9:00am – Opening

9:10am – 10:20am Chuck Ingoglia – National Council for Behavioral Health Update

10:20am-10:30am Break

10:30am – 12:00pm Tom Marshall, LISW-S - Sensory Rooms

12:00pm – 1:30pm Lunch in the D-FAC

1:30pm – 3:00pm Leslie Stone – Let’s Raise Our Hands: “We’ll Do It!”

6:30pm Annual Dinner

Day 3: Friday, September 16, 2016

8:00 am – 11am Continental Breakfast in Foyer

8:30am – 10:00am – TBA – Parent Child Interaction Therapy

12:00pm - Conference Wrap-Up and Evaluation