



**REGISTRATION FORM**

**DATES TO REMEMBER:**

**MARCH 07, 2014** – Advance registration deadline. On-site registrations are welcome.  
**MARCH 10, 2014** – Hotel room block reservation deadline.

**Cancellations and Refunds:** Registration fees will be refunded, less a \$50.00 administration fee, if cancellation is received in writing no later than **March 24, 2014**. **All refunds will be processed after the conference. Registration fees are transferable.**

**PERSONAL INFORMATION**

**Each registrant must complete a separate form; however, a single payment may be submitted for multiple registrations.**

- PARTICIPANT       STUDENT PARTICIPANT       SPEAKER       EXHIBITOR/Host

FULL NAME \_\_\_\_\_  
 NAME FOR BADGE \_\_\_\_\_  
 ORGANIZATION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ ALT. PHONE \_\_\_\_\_  
 FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

**SESSION INFORMATION**

**Please review the agenda and check TWO class selections per day. Tuesday and Friday are 1/2 day GENERAL SESSIONS.**  
 (SELECTIONS ARE SUBJECT TO SPACE AVAILABILITY.)

AM	PM	Wednesday - Day 2 (3-hr courses)	AM	PM	Thursday - Day 3 (3-hr courses)
<input type="checkbox"/>	<input type="checkbox"/>	<b>B1-</b> 50 Creative & Therapeutic Ideas for Group	<input type="checkbox"/>	<input type="checkbox"/>	<b>C1-</b> If You Bill, They Will Pay: Successfully Taking Third Party Billing from a Field of Dreams to Reality
<input type="checkbox"/>	<input type="checkbox"/>	<b>B2-</b> Tobacco Cessation in the Treatment Community	<input type="checkbox"/>	<input type="checkbox"/>	<b>C2-</b> Audit, SBIRT, PHQ9, & CRAFFT: Common Screening Tools and How to Use Them
<input type="checkbox"/>	<input type="checkbox"/>	<b>B3A-</b> The New ASAM Criteria for the Treatment of Addictive, Substance-Related, and Co-Occurring Conditions: What's New and How to Use It (A.M. Session Only)	<input type="checkbox"/>	<input type="checkbox"/>	<b>C3-</b> Bridging the Worlds of Drug Addiction & Process Addiction: A Primer for Substance Abuse Counselors
<input type="checkbox"/>	<input type="checkbox"/>	<b>B3B-</b> How to Get and Keep a Grant! (P.M. Session Only)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>B4-</b> Moving Forward: Preparing for New Opportunities in SUD and MH Services	<input type="checkbox"/>	<input type="checkbox"/>	<b>C4-</b> From Scars to Stars: Tools for the Journey
<input type="checkbox"/>	<input type="checkbox"/>	<b>B5-</b> MAT: Benefits of Offering Medication-Assisted Treatment in Your Programs	<input type="checkbox"/>	<input type="checkbox"/>	<b>C5-</b> Laughter: A Serious Medicine
<input type="checkbox"/>	<input type="checkbox"/>	<b>B6-</b> Unleashing Best-of-Self Traits: Using Signature Strengths for Success	<input type="checkbox"/>	<input type="checkbox"/>	<b>C6-</b> How to Work with the LGBT Community in Treatment
<input type="checkbox"/>	<input type="checkbox"/>	<b>B7-</b> Using Recovery Support for Community Mapping	<input type="checkbox"/>	<input type="checkbox"/>	<b>C7-</b> Handling Crisis in Behavioral Health

**REGISTRATION FEES**

(Please check one)

	Registrations Postmarked before MARCH 07	On-site
<input type="checkbox"/> Full Registration (APRIL 1-4)	\$250	\$300
<input type="checkbox"/> Partial Registration (per day)	\$95	\$125
<input type="checkbox"/> Full-time Undergraduate Student Registration (12+ hrs)*	\$50	\$50
<input type="checkbox"/> Full-time Graduate Student Registration (9+ hrs)*		

\*Must Mail-in Registration Form and Include Photocopy Proof of Student Status:

1.  Student ID AND 2. Any one of the following: a.  Unofficial Transcript    b.  Class Schedule    c.  Registration

**TOTAL REGISTRATION FEES DUE \$ \_\_\_\_\_ .00**

**PAYMENT INFORMATION**

*There will be a \$35.00 fee assessed for checks returned due to insufficient funds.*

Please include code **JA-MS14-7** on form of payment. MAKE **CHECK** OR **MONEY ORDER** PAYABLE TO:

**THE MISSISSIPPI DEPARTMENT OF MENTAL HEALTH**

Mail completed registration form and payment to: **Mississippi Dept. of Mental Health, ATTN: Molly Portera, 1101 Robert E. Lee Bldg., Jackson, MS 39201** or fax to: **601-359-6672** or register online at **www.themsschool.ms.gov**

**HOTEL INFORMATION**

**INDIVIDUALS ARE RESPONSIBLE FOR SECURING HOTEL RESERVATIONS ON OR BEFORE THE CUT-OFF DATE(S) AND MAKING PAYMENT TO THE HOTEL(S).** **Note: Please provide hotel codes when making reservations to receive the group rate.**

<b>Holiday Inn</b> 10 Gateway Drive Hattiesburg, MS 39402 (601) 296.0302 <b>Rate: \$85/night   Group Code: MDM</b> <b>CUT-OFF DATE: March 10</b>	<b>Hampton Inn</b> 4301 Hardy Street Hattiesburg, MS 39401 (601) 264.8080 <b>Rate: \$79/night   Group Code: MAC</b> <b>CUT-OFF DATE: March 20</b>	<b>Candlewood Suites</b> 9 Gateway Drive Hattiesburg, MS 39402 (601) 264.9666 <b>Rate: \$85/night   Group Code: DMH</b> <b>CUT-OFF DATE: March 10</b>
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