

SAVE THE DATE

2019 Trauma Conference **Reaching for High Hanging Fruit**

An opportunity to grow and heal. It's not what's wrong with you, but the Trauma Informed Care that elevates you.

Thursday, June 13, 2019 8:00 am - 5:00 pm Sinai Community Institute, Town Hall

2653 W Ogden Ave, Chicago, IL

Reaching for High Hanging Fruit

- Exploring the Historical Aspect of Trauma. **Challenging Belief Systems and Existing Thought Patterns; Challenging Abilities and Proactive Positioning**
- Notable Speakers, Panelists and Workshops to help you reach and access high hanging fruit so that personally and professionally you can move from "Surviving to Thriving"
- **Special Presentations and Performances**

CONTINUING EDUCATION UNITS AVAILABLE:

Full Day Attendance = 6 CEU's; \$25.00

Must attend entire day to receive CEU's

2019 Trauma Conference Sponsors





REGISTRATION:

NORTH LAWNDALE RESIDENTS: ONLY \$5.00 OTHER RESIDENTS: \$20.00

PROVIDERS: \$40.00

PROVIDER Group Rate: \$30.00/per person (5 or more from same organization)

Additional registration discounts available for VENDORS and SPONSORS

REGISTRATION INCLUDES:

- · Breakfast, Lunch, and Refreshments
- Access to all Sessions and Workshops of your choice
- Conference Materials

To Register, Sponsor or be a Vendor **Please contact Deborah Lang** by phone: 773-840-8062 or email: dlang@iamablecenter.org

Check, Money Order, PayPal or **Credit Cards Accepted**





ISLAND PEAK CAPITAL





2019 TRAUMA CONFERENCE REACHING FOR HIGH HANGING FRUIT

THURSDAY, JUNE 13, 2019

8:00AM - 5:00PM

SINAI COMMUNITY INSTITUTE; TOWNHALL 2653 W. OGDEN AVENUE, CHICAGO, IL 60608

REGISTRATION FOR NORTH LAWNDALE RESIDENTS: \$5.00

REGISTRATION FOR PROVIDERS: \$40.00

All OTHER RESIDENTS: \$20.00

CEU's - Additional \$25 for 6 CEU's

PROVIDER GROUP DISCOUNT: \$30/person for 5 or more

Name on Card: _____

Vendor and Sponsor Discounts Available

<u>Registration Fee Includes:</u> Breakfast, Lunch, Refreshments, Access to all Sessions and Workshops of your choice, and Conference Materials

Regi	stration	Inform	ation:
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Organization:					
Organization/Resident Address:					
City/State/Zip:					
Email:	Phone:				
REGISTRATION AMOUNT:	CEU's	TOTAL:			
lethod of Payment: (circle)					
Check/Money Order	Pay Pal	Credit Card			
Credit Card #					

Exp. Date: ____

_____ CVV#: _____

EMAIL COMPLETED FORM TO dlang@iamablecenter.org or FAX: 773-826-2966

Or Mail to I AMABLE, 3410 W Roosevelt Rd, Chicago, IL 60624

To process Credit Card Payment, call Deborah Lang at 773-840-8062