



Artwork by Anna Jennings/Trauma Survivor

Substance Abuse & Mental Health Services Administration
**The Center for Mental Health Services and
The National Trauma Consortium**

Dare to Act

**Trauma Survivors, Practitioners, Researchers & Policymakers
Creating a Blueprint for Change**

November 29 – December 3, 2004
Renaissance Harborplace Hotel, Baltimore, Maryland
<http://www.nationaltraumaconsortium.org>

PARTICIPANT APPLICATION

Last Name: _____ First Name: _____

Title: _____

Organization/Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Optional) PLEASE MARK ALL THAT APPLY and Mark Your Primary Identification With An *

- | | |
|---|--|
| <input type="checkbox"/> Trauma Survivor | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Mental Health Consumer/Survivor/Ex-patient | <input type="checkbox"/> Advocate |
| <input type="checkbox"/> Person with Alcohol and/or drug Addiction | <input type="checkbox"/> Family member |
| <input type="checkbox"/> Practitioner | _____ Other (Identify) |
| <input type="checkbox"/> Researcher | |
| <input type="checkbox"/> Policymaker | |

STATEMENT OF INTEREST IN PARTICIPATION (OPTIONAL)

Success of conference is contingent upon attracting participants with diverse backgrounds, experiences and perspectives. As such, we ask that you answer the following questions to assist us in recruiting a diverse group of participants. Attach additional pages if necessary.

1. Why do you wish to participate in this conference?

2. How do you plan to utilize what you learn to impact change in your community?

3. Please indicate your current level of experience and/or expertise in the trauma field.

Registration Fees (Limited availability, please register early to ensure conference participation)	Early Registration Postmarked <u>by</u> Nov. 1, 2004	Regular Registration After Nov. 1, 2004	TOTAL
Dare to Act Conference <i>December 1-2, 2004</i>	\$250	\$350	
PRE-CONFERENCE INSTITUTES			
1) Trauma Champions (An Institute by & for Consumer/Survivor/ Recovering Women) <i>November 29, 2004</i>	\$100	\$125	
2) Children Affected by Family Violence <i>November 30, 2004</i>	\$100	\$125	
3) Trauma-Informed Services and Supports <i>November 30, 2004</i>	\$100	\$125	
POST-CONFERENCE INSTITUTE			
1) Men and Trauma <i>December 3, 2004</i>	\$100	\$125	
TOTAL			
<i>Registration fee includes light breakfast, lunch and coffee breaks for registered day.</i>			
Special Needs:			
Meals: We will be able to offer vegetarian and kosher meal options. Please indicate below if needed: _____ vegetarian _____ kosher _____ interpreter			
Other Needs: _____			

FORM OF PAYMENT

_____ Check enclosed payable to:
Prototypes/National Trauma Consortium

or

Please charge my credit card as follows:
_____ VISA
_____ MASTERCARD
_____ AMERICAN EXPRESS

Credit Card Number _____

Exp. Date _____

Signature _____ Date _____

TOTAL ENCLOSED OR TO BE CHARGED: _____

PLEASE COMPLETE and RETURN with your check (payable to *Prototypes/ National Trauma Consortium*), or credit card information.

MAIL TO:
Dare to Act Conference
WMTC
187 High Street, Suite 204
Holyoke, MA 01040

(If you do not receive confirmation within one week, please contact us via:)
CONTACT PHONE #: 413-536-2401 ext. 5513
FAX # 413-536-4166
E-mail: conference@nationaltraumaconsortium.org

REFUND POLICY:
No refunds will be granted after November 15, 2004. If you need to cancel your registration before this date, please submit your request in writing. A \$50 administrative fee will be charged for cancellations.

HOST HOTEL: Renaissance Harborplace Hotel, Baltimore, MD.
When calling the Renaissance Hotel (800) 468-3571 to reserve a room, state you are attending the National Trauma Consortium Conference to secure the conference rate of \$139 plus tax.

For Office Use Only **Date:** _____ **Check #:** _____ **Amount Paid:** _____