

FREE!

## **DMHAS ABI Services Conference**

**Save this date: Thursday, May 18, 2017  
8 a.m. - 4 p.m.**

*Registration begins at 7:00 a.m. and the conference will  
begin at 8:00 a.m.*

*There will be a 1 hour break for lunch (not provided)*

**Radisson Hotel  
Crowne Conference Room  
100 Berlin Road  
Cromwell, CT 06416**

**Cultural Diversity and the Impact on Rehabilitation Outcomes for Individuals  
with Brain Injury**

*Presented by Anthony Lequerica, Ph.D. of Kessler Foundation*

**Coping with Depression and Anxiety Following Traumatic Brain Injury**

*Presented by Tracey Sondik, Psy. D., CBIST, E-RYT, of CT Dept. of Mental Health  
and Addiction Services*

**Severity, Course, and Factors Influencing Recovery from Pediatric TBI**

*Presented by Timothy Belliveau, Ph.D., ABPP of Hospital for Special Care*

**Is it a Concussion? Clinical Case Analysis and Discussion**

*Presented by Anthony Alessi, MD, University of Connecticut Health Center*

- **To register please e-mail your completed registration form to Terry Holley at: [terry.holley@ct.gov](mailto:terry.holley@ct.gov)**
- Please type the requested information directly on the registration form, save it to your computer, and e-mail it to [terry.holley@ct.gov](mailto:terry.holley@ct.gov) as an attachment.  
**Registration forms will only be accepted via e-mail.**
- Deadline for registration is Thursday May 11, 2017

*\*CEUs will be applied for through NASW & AOTA*

*Coffee & tea will be available for purchase  
inside of Sheffield's Restaurant  
at the Radisson Hotel*



DMHAS ABI Services Conference

REGISTRATION  
DMHAS ABI Services Conference  
May 18, 2017

Name (Please type your name as you would like it to appear on the certificate):

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Your credentials as you would like it to appear on the certificate:  LCSW  LMSW  MSW  CBIS  CBIST  
 MA  LPC  OTR/L  COTA  Ph.D.  M.D.  Other \_\_\_\_\_

Please check the appropriate box for Certificates of attendance or CEU's:  NASW  AOTA  Attendance  
\*Certification for CEU's/attendance will be available at the end of the Conference in the Gardens room.

Place of Employment:

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Address (home or employer):

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Contact Phone Number:

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Contact E-mail:

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**Please indicate which session/sessions you will be attending:**

- I will attend both morning and afternoon sessions.
- I will attend the morning session – **Cultural Diversity & The Impact on Rehabilitation Outcomes for Individuals with ABI** (*Presented by Anthony Lequerica, Ph.D. of Kessler Foundation*) & **Coping with Depression and Anxiety Following Traumatic Brain Injury** (*Presented by Tracey Sondik, Psy. D., CBIST, E-RYT, of CT Dept. of Mental Health and Addiction Services*)
- I will attend the afternoon session – **Severity, Course & Factors Influencing Recovery from pediatric TBI** (*Presented by Timothy Belliveau, Ph.D., ABPP of Hospital for Special Care*) & **Is it a Concussion? Clinical Case Analysis and Discussion** (*Presented by Anthony Alessi, MD of Uconn Health Center*)

Please **E-MAIL** this form to Terry Holley at **terry.holley@ct.gov** by May 11, 2017.  
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