

12th Annual Northeast Georgia Trauma Conference

Friday, June 26th, 2020

Participant Information

Name _____ Title of Contact Person _____
Organization: _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ Email _____

This year's topics include:

Amy Jacques, BC-DMT, LPC:
*Embodied Approaches to Treating Trauma
Utilizing Principles from Dance/Movement
Therapy*
9am to 4pm - 6 CEUs

**Julie Battle, PH.D. and Anjana
Freeman, LPC, CPCS:** *The
Physiological Effects of Trauma*
9am to 12pm

AND
**Margie Gill, Ph.D., LPC, NCC,
CPCS, ACS:** *Trafficking, Trauma &
Treatment*
1pm to 4pm - 6 CEUs

Please choose ONE program you would like to participate in. (Programs run from 9 am to 4pm)

_____ Embodied Approaches to Treating Trauma
_____ The Physiological Effects of Trauma & Trafficking, Trauma, & Treatment

Continuing Education Units (CEUs) & Program Cost

(Please Select One)

_____ 6 CEUs --- \$ 75 _____ No CEUs --- \$50

Please email, fax, or mail this form & payment to:

Cindy Wilson
Children's Center for Hope & Healing
226 Main Street SW
Gainesville, GA 30501
Phone: 770-532-6530 x1032
Fax: 770-532-7111
cwilson@hopeandhealingga.org

Payment Options:

_____ Check Enclosed
Checks should be made payable to:
Children's Center for Hope & Healing
_____ Bill my credit card
(Mastercard/Visa/Amex):
CC #: _____
Exp. Date: _____
Security Code (3 digits): _____
Zip code: _____