

Middle School through College Mental Health and Education 2015

November 6–7 Cambridge, MA

Course # 734692-1601

Doctoral Level Professionals*	<input type="checkbox"/> \$425
Nurses, Allied Health Professionals & Trainees, Educators and Educational Administrators*	<input type="checkbox"/> \$325
Processing fee	\$5
Total	

All fees shown in USD. Tuition includes all lectures and workshops, coffee breaks, and continental breakfast each morning.

*Included in your tuition are special afternoon sessions from which you can choose topics that best align with your practice needs. Please indicate your preferences below, **marking your first choice in each session with a "1", and your second choice with a "2"**:

November 6

Session 1

- 1A ___ Self Injury
 1B ___ School Violence and Risk Assessment
 1C ___ Parents and Families
 1D ___ OnTrack Clinic

Session 2

- 2A ___ College Mental Health
 2B ___ Mental Health in Middle and High Schools
 2C ___ Eating Disorders
 2D ___ ADHD

Session 3: Collaborative Problem-Solving Workshops

- 3A ___ College Mental Health
 3B ___ Middle and High School Mental Health
 3C ___ Student and Family Advocacy
 3D ___ Prescribers

November 7

Session 4

- 4A ___ LGBT
 4B ___ Anger Management
 4C ___ Building Resilience
 4D ___ Autism Spectrum Disorders

Session 5

- 5A ___ ERP for Adolescents
 5B ___ Bullying and Sexual Victimization
 5C ___ Mindfulness

Full Name _____
First M.I. Last

Profession _____ Degree _____

Mailing Address _____
Street

City _____ State/Prov. _____ Zip/Postal Code _____ Country _____

Daytime Phone (____) _____ Fax Number (____) _____

Email Address _____

*Please note: Your email address is used for critical information about the course, including registration confirmation, evaluation distribution, and certificate delivery. **Please be sure to include an email address you check daily or frequently.***

Check here if you wish to be excluded from receiving email notification of future Harvard Medical School Department of Continuing Education programs

To register by credit card (Visa, MasterCard or American Express) visit the course website:

MentalHealthandEducation.HMSCME.com

To register by mail, complete the all the fields on this form and include a check (draft on a United States bank) payable to:

**Harvard Medical School
 Department of Continuing Education**

Mail this completed form and your check to:

**Harvard Medical School
 Department of Continuing Education
 P.O. Box 417476
 Boston, MA 02241-7476**

Physicians, Please Also Complete These Required Fields

Primary Specialty _____ Board Certified? Yes No

Professional School Attended Harvard Medical School US Medical School International Medical School

Year of Graduation _____

Payment, Confirmation and Refund Policy: Payment via credit card (Visa, MasterCard or American Express) or check only. Telephone, fax, and cash payment registrations are not accepted. Upon receipt of your paid registration, an email confirmation from the HMS DCE office will be sent to you. **Be sure to include an email address that you check frequently.** Your email address is used for critical information, including registration confirmation, evaluation, and certificate. Refunds, less an administrative fee of \$75, will be issued for all cancellations received two weeks prior to the start of the course. Refund requests must be received by postal mail, email, or fax. No refund will be issued should cancellation occur less than two weeks prior. "No shows" are subject to the full course fee and no refunds will be issued once the conference has started.

Questions? Call 617-384-8600 Monday-Friday 9am – 5pm (EST) or send email to hms-cme@hms.harvard.edu