Register NOW

(Registration form and schedule attached)

**Redefining Mental Health:**

**Perspectives on Wellness and Recovery**

**May 12, 2016**

**9:30 am to 4:15 pm**

Conference location:

**Putnam County Golf Course**

187 Hill Street, Mahopac, NY 10541

**Conference cost: $25 (includes buffet lunch)**

Sponsored by Putnam Family & Community Services, Search for Change, Mental Health Association of Putnam, PEOPLe, Inc., New York Association of Psychiatric Rehabilitation Services (NYAPRS), NAMI Putnam, Westchester Independent Living Center

Spend the day in bucolic Putnam County, and hear peers, family members and acclaimed national and state leaders speak about wellness, and initiate change in your way of thinking about recovery.

**Come be inspired!**

Key note speaker: **Gina Calhoun,** Copeland Center for Wellness and Recovery

Gina will share her personal journey of recovery, and inspire hope through relationships.

“Essential to recovery is having at least one hope-inspiring relationship; a person that will stand by and believe in you, even when you can’t believe in yourself” (William Anthony)

Other presenters include:

Harvey Rosenthal, NYAPRS; Pablo Sadler, M.D., NYC Dept. of Health and Mental Hygiene;

Stephanie Orlando and Domonica Jeffries, YOUTH POWER!; Paul Margolies, CPI, Columbia Psychiatry;

Kathleen Herndon, MHA Putnam; Edye Schwartz, NYAPRS; Phyllis Vine, Historian, Author, Activist;

Wendy Brennan, NYC NAMI; Ann Hovey, Teacher and Consumer;

Patricia McAdam, Recovery and Job Coach; Steve Miccio, PEOPle, Inc.

**WE WILL HAVE A RESOURCE TABLE; FEEL FREE TO BRING RESOURCE INFORMATION ABOUT YOUR AVAILABLE SERVICES FOR OUR CONSTITUENTS**

**CONFERENCE REGISTRATION FORM**

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**Conference Fee: $25** (includes conference and lunch)

**Registration Deadline:** May 3rd, 2016

**Cancellation Policy:** No refund is available for registrations cancelled after May 3rd.

**Please indicate method of payment:**

Check Enclosed Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Charge:

 Name (as appears on card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check if you would like a receipt

**Please e-mail registration form to** **agaliano@pfcsinc.org****, or fax or mail to Amy Galiano**

 **PFCS Inc., 1808 Rt. 6, Carmel, NY 10512, fax # (845) 225-3207**

**Contact Amy Galiano at (845) 225-2700, x118 with questions or to pay by phone using credit card**