### Youth Suicide Prevention, Intervention, and Postvention in Schools

## **Information**

# Youth Suicide Prevention, Intervention, and Postvention in Schools

Presented by: David N. Miller, PhD Date: Friday, October 13, 2017 Time: 8:30am-3:30pm Location: Embassy Suites Rosemont 5500 N River Road Rosemont, IL 60018 Room: Ballroom

#### Schedule:

8:00am-8:30am 8:30am-11:30am 11:30am-12:30pm 12:30pm-3:30pm Registration Workshop Lunch (Lunch provided by ISCA) Workshop

All paid attendees will receive a copy of Dr. David Miller's book "Child and Adolescent Suicidal Behavior: School-Based Prevention, Assessment, and Intervention."



#### **Continuing Education Hours:**

This program is recognized as providing **6** PDs by ISBE provider #16019027P000000 and **6** CE Hours through co-sponsorship with IMHCA for: LPC / LCPC and LSW / LCSW (IDFPR license #159-000650). LMFT (ID-FPR license #168.000148). Lic. Psych (IDFPR license #268.000009).

**Refund policy:** Registrations, cancelled before seven days prior to the conference, can be refunded minus a \$20 administrative fee. No refunds can be made seven days prior to the conference. Conferences may be cancelled due to circumstances beyond our control. ISCA is not responsible for any loss or damage as a result of presenter substitution, alteration, or cancellation of an event. ISCA shall assume no liability whatsoever in the event that a conference is cancelled, rescheduled or postponed due to fortuitous event, Act of God, unforeseen occurrences or any other event that renders performance of this conference impracticable, illegal or impossible. For purposes of this clause, a fortuitous event shall include, but not be limited to: war, fire, labor strike, extreme weather or other emergency. ISCA will make every effort to offer a substitution event in the case ISCA cancels because of a fortuitous event or Act of God.

<u>Confirmation / Directions:</u> Upon receipt of the registration form, we will email a confirmation letter with location and address information. Maps are also available on our website: ilschoolcounselor.org.

## **Registration Form**

Name		
Name		
Address		
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City	State	Zip
Email (please print clearly)		Phone
IEIN # ( We need your IEIN number in orde	er to issue PDs)	
CPS Vendor # 65791		
Payment Options:		
Check enclosed payable to	ISCA	
Credit Card (Master Card, Express, Discover)	VISA, American	
Purchase Orders ISCA FE	IN# 27-0086648	
Card Number		
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Special Administrator Registre	ation Fee:	
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787-0515 to get this deal for y		
Non-Members - \$159		
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Ouestions and P	egistration:	

Dan Stasi - ISCA Executive Director Phone: ( 815 ) 787-0515 Fax: ( 815 ) 787-0505 Email: myisca@gmail.com Online registration: www.ilschoolcounselor.org