



INNOVATIVE OPTIONS, INC.

Innovative Options Behavioral Health Conference

Thanks in advance for your participation. We look forward to your attendance at the **Innovative Options Behavioral Health Conference on Saturday, March 23, 2019 and Sunday, March 24, 2019.**

If you have questions, please contact us at Innovative Options Incorporated, Promenade Park, 3915 Cascade Road, Suite T-138, Atlanta, Georgia 30331, call us at (404) 692-0818, or email us at hrdirector@innovativeoptions.org.

Attendee Registration:

Innovative Options Behavioral Health Conference:

Name: _____ **Credential(s):** _____

Address: _____

Phone: _____ **Email:** _____

Please Note: To opt out of all email marketing messages from Innovation Options, Inc., you must send an email to hrdirectro@innovativeoptions.org from the email address you wish to unsubscribe.

Conference Attendance: *Indicate expected conference attendance below*

- Plenary/General Session
- March 23, 2019, 6 Core hours (**Topics Include: Substance Abuse, Trauma, Leadership, Mental Health, Intellectual and Developmental Disabilities**).
- March 24, 2019, 6 Ethics or Core Hours: (**Topics Include: Ethics, Trauma, Burn out/Self-Care**).

2-day Conference Attendance **\$199 (12 CE hours)**

Conference Attendance **\$119 (6 CE hours)**

Sunday Conference Attendance **\$119 (6 CE hours)**

On-Site Registrations **Additional \$25 per each day**

Payment:

Check Enclosed: \$ _____ Check # _____

Credit Card: _____ Expiration: ____/____ Security Code: _____

Name: _____ Authorized Signature: _____



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Mail Registration to: Innovative Options Incorporated, Promenade Park, 3915 Cascade Road, Suite T-138, Atlanta, Georgia 30331, or complete online at www.innovativeoptions.org