

**Monday, February 25, 2013**  
**6:00pm – 9:00pm**

# **SAMHSA**

**In Association with Universal Healthcare Management Services, Inc.,  
Abigail, Inc., Independent Church of God and  
The William Kellibrew Foundation  
Presents**

# **Trauma 101 Training**

- What You Will Learn:** Trauma and Recovery
- Who Should Attend:** Anyone who works with children or youth  
*Due to the subject matter, attendees must be 14 years or older.*
- Trainer/Facilitator:** William Kellibrew IV, Senior Consultant  
SAMHSA's National Center for Trauma Informed Care and  
National Association of State Mental Health Program Directors
- Location:** Independent Church of God  
2302 Ainger Place, SE  
Washington, DC 20020
- Registration/Cost:** THIS TRAINING IS FREE AND OPEN TO THE PUBLIC!  
A Networking Dinner will be held from 5:15pm – 6:00pm.  
Electronic Certificates of Attendance are available upon request.  
Pre-register by Thursday, February 21, 2013, 5:00pm.  
Please contact Philippa Stuart by phone 301-735-1635;  
fax 202-583-1186; or email at pstuart@uhmsdc.com.

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# **Trauma 101 Training**

## **Registration Form**

*Please print clearly and return this form by  
Thursday, February 21, 2013, 5:00pm.*

*Attn: Philippa Stuart*

*Fax: 202-583-1186 | Email: pstuart@uhmsdc.com*

**Full Name:** \_\_\_\_\_

**Are you bringing guests? If so, how many. Must be 14yrs or older.** \_\_\_\_\_

**Affiliation:** This topic is interesting to me because I am a(n)...

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Parent/Caregiver**

**Professional or Case Worker**

**Advocate/Activist**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Trauma Survivor**

**Teacher**

**Other** \_\_\_\_\_

**Referral:** Please tell us how you heard about this workshop (*specify*).

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Training Presenter or Affiliate** \_\_\_\_\_

**Family/Friend/Colleague** \_\_\_\_\_

**Other** \_\_\_\_\_

**Would you like to become a partner or receive an electronic certificate of attendance?  
For more information about trainings, outreach opportunities and other events, please  
give us your contact information.**

**Email Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_