

REGISTRATION NOW OPEN

for The Wellness Coalition's Case Management Conference: "Sharpening Our Skills"



Sessions tentatively scheduled include:

- What IS Case Management, Anyway?
- Psychological First Aid for Service Workers
- Developing Rapport (Connecting without Overstepping Boundaries)
- Modeling Professionalism
- Managing Case Management
- Case Managers as Advocates
- Case Management for Special Populations
- Fundamental Skills for Case Managers
- Keeping Yourself Healthy
- Connecting Through Networking



Thursday, March 1, 2012

8:30a.m. - 4:45p.m.

(Registration at 7:45a.m.)

Montgomery County Health Department
3060 Mobile Highway
2nd Floor Auditorium
Montgomery, AL 36108

Case managers and other service workers usually hit the ground running and rarely pause to be refreshed or renewed. Our conference theme, *Sharpening Our Skills*, reminds us we must take steps to remain at our best in order to provide consistently high levels of service to our clients. This conference will benefit case managers, social workers, community service workers, counselors, supervisors, program managers, and all other interested individuals.

****Continuing Education Credits will be offered.****

Exhibitor space available at **no cost**.

All exhibitors asked to contribute a **door prize** and/or **items for goodie bags**.

Early Bird Registration (through February 21st): **\$65** per person

Late Registration (after February 21st): **\$75** per person

(additional **\$15** for Continuing Education credits)

EARLY BIRD RATES end on **February 21st**; payment must be RECEIVED by that date in order to guarantee your rate and registration. **Space is limited**.

Register at wellness-coalition.org and reserve your seat by mailing fees to:

The Wellness Coalition
3060 Mobile Highway
Montgomery, AL 36108

For more information, contact Lydia Pickett: 334-293-6502 or lydia.pickett@adph.state.al.us

Amount Enclosed: _____ (\$65 through February 21st, \$75 thereafter. Add \$15 for Continuing Education Credits.)

Name _____

Organization _____

Address _____

City _____ State _____ ZIP _____

Work Number () _____ Alternate Number (optional) () _____

Email Address _____