

**BUILDING CONNECTIONS:
The Sexual Assault & Mental Health Project
Regional Trauma Training**

September 10th 2008

9 am - 3:30 pm

Greene County Emergency Services Center
25 Volunteer Drive
Cairo, NY 12413

- 9:00 – 9:30** **Registration & Light Breakfast**
- 9:30 – 12:30** **The Use of Mindfulness in Healing the Trauma of Self**
Laurie Schwartz, The New York Center for Somatic Psychotherapy &
Trauma Resolution
- 12:30- 1:45** **Networking Lunch**
(Bring your agency or community resources to distribute.)
- 1:45- 3:30** **Healing the Healer: Addressing Secondary Stress through
Rhythms and Restorative Self-Care**
Chrys Ballerano, Building Connections and NYSCASA
Drums and percussion will be provided as well as other art supplies for use
during the afternoon session. Feel free to bring your own drum or percussive
instrument if you wish or a journal or sketchpad if you prefer.

Registration Fee: \$25. Seating is limited. Please register before September 4th.

Register online at www.MHANYS.org

Questions? Directions?

Please contact: Lorraine McMullin at (518) 434-0439 x211 or lmcmullin@mhanys.org or
Chrys Ballerano at (518) 482-4222 x308 or cballerano@nyscasa.org

Building Connections: The Sexual Assault and Mental Health Project is a collaboration between the New York State Coalition Against Sexual Assault (www.nyscasa.org) and the Mental Health Association in New York State, Inc. (www.mhanys.org) and is funded by the NYS Office of Mental Health.

Registration Form

BUILDING CONNECTIONS: The Sexual Assault & Mental Health Project

Hudson Valley Regional Trauma Training

September 10th, 2008

9 am - 3:30 pm

Please print clearly or attach business card.

Name: _____
Title: _____
Agency: _____
Address: _____ State _____ Zip: _____
Telephone: (____) _____ Fax: (____) _____
Email: _____ County: _____
Web site: _____

Registration Fee: \$25 per participant (includes light breakfast and lunch)

Please register by **Thursday, September 4, 2008**

Payment

- Check enclosed. Please make check payable to: **MHANYS** and mail to address below.
- If using voucher, attached voucher to completed registration and mail or fax.
- VISA MasterCard American Express Discover - Register online at www.MHANYS.org

Name on card: _____ Security Code _____

Card #: _____ Exp. Date _____

Signature: _____

Please mail or fax payment to: Lorraine McMullin
Building Connections
Mental Health Association in New York State, Inc.
194 Washington Avenue, Suite 415
Albany, NY 12210
Telephone: (518) 434-0439, ext. 211
Fax: (518) 427-8676

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