

# Registration Form

Please complete and fax back to Robyn Steidman at (416) 595-6617.



Name: \_\_\_\_\_

Organization or Group: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone – daytime: \_\_\_\_\_ Phone – evening or cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Note:** For full descriptions of the workshops listed below, please go to the BEP Symposium Information web pages:  
[http://www.camh.net/News\\_events/CAMH\\_Events/bep\\_symposium\\_2008.html](http://www.camh.net/News_events/CAMH_Events/bep_symposium_2008.html)

1. Please indicate your participation below. Check the appropriate box under ONE of the columns:

<b>I will be attending</b> ↓	<b>Community Rates</b> Individuals or staff from organizations employing less than 30 people and/or with budgets of less than \$1 million.	<b>Standard Rates</b> Professionals or staff from organizations employing more than 30 people and/or with budgets of more than \$1 million.
<b>FULL Symposium</b> – November 5 – 7, including the Opening Reception and Keynote Speeches	<input type="checkbox"/> \$ 130	<input type="checkbox"/> \$ 350
<b>Thursday November 6</b> including the Opening Reception & Keynotes	<input type="checkbox"/> \$ 80	<input type="checkbox"/> \$ 180
<b>Friday November 7</b> including the Opening Reception & Keynotes	<input type="checkbox"/> \$ 80	<input type="checkbox"/> \$ 180
<b>Wednesday November 5 – Opening Reception and Keynotes ONLY</b>	<input type="checkbox"/> \$ 15	<input type="checkbox"/> \$ 35

2. Will you **attend the Opening Reception** on the evening of Wednesday November 5, from 5:00 – 8:30 p.m. featuring keynotes speakers Pat Capponi and Dr. Cornelia Wieman as well as performances from diverse artists?  
 YES \_\_\_\_ NO \_\_\_\_

3. Please indicate if you require **special equipment or other accommodations** to support your participation at the Symposium: YES \_\_\_\_ Please tell us what you need: \_\_\_\_\_

\_\_\_\_\_

4. Do you have any **special dietary requirements**? YES \_\_\_\_ Please specify: \_\_\_\_\_

\_\_\_\_\_

*Please complete the second page of this form...*

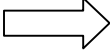
## 5. Workshop Selections

Please refer to the detailed descriptions of the workshops before making your selections below. These can be found online at: [http://www.camh.net/News\\_events/CAMH\\_Events/bep\\_workshops\\_panels1108.pdf](http://www.camh.net/News_events/CAMH_Events/bep_workshops_panels1108.pdf) **Please check the left hand box when choosing ONE workshop for the morning and ONE for the afternoon on the day(s) you are attending the Symposium:**

11:00 a.m.	<b>Concurrent Morning Sessions – 90 Minutes</b> <b><i>Thursday November 6</i></b>
	Strengthening Partnership Resiliency through a Critical Examination of Community Readiness
	Building Research Partnerships to Explore Mental Health Issues for Newcomer Youth: Some Thoughts on Power, Participation and Practice
	PHA ACCESS: Improving Access to HIV Mental Health Services in the Community through Community-Hospital Collaboration – Lessons Learned and key Ingredients for Success.
	Exploring the Relationships Between Mental Health, Literacy, and Social Determinants of Health
	New Mentality – Ready ... Set ... Engage!
	Concurrent Disorder Support Services: Building Capacity through Partnership
	The Ontario Works Addiction Services Initiative: A Collaboration
1:30 p.m.	<b>Concurrent Afternoon Sessions – 90 Minutes</b> <b><i>Thursday November 6</i></b>
	How do We Create an Environment of Partnering?
	Bringing the Stigma of Mental Illness Out of the Shadows: A Diverse Forum with a Diverse Audience but Shared Lessons
	Evaluating Equitable Partnerships: CAMH's Partnership Evaluation Toolkit
	Frontline Partners with Youth Network – Reflections on Power, Organizations and Collaborations
	An Introduction to Critical Self-Reflection
	What Works and Why to Address Concurrent Disorders Among Marginalized Population: Reflections on Community-Research Partnership to Address Evidence/Action Gaps
	The St Clares' Housing Model for Affordable Housing for People
	Partnering for Change: Working Together to Create Tools for Advocacy, Equity and Community-Building
10:10 p.m.	<b>Concurrent Morning Sessions – 90 Minutes</b> <b><i>Friday November 7</i></b>
	Developing a Multi-disciplinary Outreach Team to serve Homeless Individuals with Health/Mental Health Needs
	The wHEALTH Community-based Research Project – Women's HIV Empowerment Through Life Tools for Health
	Stories from both sides: Marginalized Communities and Mental Health and Addiction Service Providers
	Intersections of Marginalization
	Counseling issues for People who use Substances and have or are at risk of HIV
	Building Reciprocal and Action-Oriented Research Collaborations: Challenges, Successes and Possibilities
	Innovative Partnerships to Address Inequities and Promote Community Empowerment
	Engaging the Community and Moving Forward
12:45pm	<b>Concurrent Afternoon Sessions – Afternoon Sessions</b> <b><i>Friday November 7</i></b>
	Journeying Together: A Case Study of How Two Very Different Agencies Joined Forces in aid of Victims of Violence
	Necessary Partnerships: A View of Mental Health and Substance Abuse Provider Networks in Rural and Urban Missouri
	The Coalition on HIV and Mental Health: Lessons Learned from 9 years in the Life of a Collaborative Service Delivery Project
	Body Mapping: Race and Gender Explored Through Art and Health
	Building Partnerships to Address the Problem Gambling Prevention and Treatment Needs of Ethno-cultural Communities
	A Journey of Equitable Partnerships – the Vibrant Action Looking Into Depression in Today's Young Women
	Understanding "Partnership" Across 3 Community-Based Research Projects With and For Women Who Use Drugs in Vancouver's Downtown Eastside

6. Payment

**Note: Full Symposium and One Day rates include admission to the Opening Reception.**

Community Rates	Number of People Registering:	Total:
Full Symposium \$ 130		
One Day \$ 80		
Opening Reception Only \$15		
<b>Standard Rates</b>		
Full Symposium \$ 350		
One Day \$ 180		
Opening Reception Only \$ 35		
<b>TOTAL PAYMENT:</b>		

<b>PLEASE CHECK “✓” 1 BOX:</b>	
<input type="checkbox"/>	My Credit Card information is below.
<input type="checkbox"/>	I am mailing a cheque to you.

**Credit Card Information**

Type of Credit Card:     VISA     MASTERCARD     AMERICAN EXPRESS

Full Name on the Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Verification number (3 digits): \_\_\_\_\_      Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please **fax** your completed form to Robyn Steidman at CAMH,  
Fax number: (416) 595- 6617

Please **mail** your cheque to:

Robyn Steidman  
Education Services  
CAMH  
33 Russell Street – 4<sup>th</sup> Floor  
Toronto, Ontario  
M5S 2S1

*Thank you!*