3rd Annual Maryland CIT Conference

**The state CIT Coordinators in collaboration with the Maryland Department of Disabilities and NAMI present the 3rd Annual CIT Maryland Conference: Bringing Officer Wellness in Focus**

Keynote Speaker – Lt. Marc Junkerman “Look How Far We’ve Come, A Celebration of Maryland CIT Communities”

Monday, May 6, 2019 🞟 8am – 4pm 🞟 Annapolis, MD



Double Tree by Hilton Annapolis 🞟 210 Holiday Court Annapolis, MD 🞟(410)224-3150 🞟 $89 Room Rates

Conference Fee **$40** 🞟 Breakfast and Lunch included 🞟 *Pre-Conference Networking Event* 5/5/2019 from 5:30pm – 8:30pm

**Registration Required.** *No walk-in*. Registration deadline: April 19, 2019 🞟 *Police & Corrections Training Credits pending*

**Conference Questions?**  Contact Veronica Dietz, LCSW-C at (443) 952-7532 or veronica.dietz@maryland.gov

**To attend this year’s conference, please return registration with breakout session selection form and payment information attached. Payments may be made via mail, fax, or phone. Checks and credit card payments accepted.**

Sponsored by the Maryland Behavioral Health Administration’s Office of Workforce Development and Training.

The Office of Workforce Development and Training is authorized by the Maryland Board of Professional Counselors and Therapists to sponsor continuing education programs for Category A CEU, the Maryland Board of Social Work Examiners to sponsor social work continuing education programs for 5 Category I CEU, the State Board of Examiners of Psychologists and the Maryland Association of Prevention Professionals & Advocates to sponsor continuing education programs for CEU. Participants must attend all hours of the training and submit an evaluation to receive a certificate. The Office of Workforce Development and Training maintains full responsibility for this program.

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment method (circle one): Credit Card Check

Please check one:

* I plan to attend the Pre-Conference Networking Event (5/5/2019 from 5:30pm – 8:30p)
* I will not be attending the Pre-Conference Networking Event

**Breakout Session Selection**

**Session 1 Options** (11:00am-12:15pm) *choose* ***one*** *only*

CIT Response to a Traumatic Event Action Methods at CCYSB: Responding to Family Crisis

Suicide Post-vention Response Someone’s Watching Me: Tech Safety in Internet Partner Violence

Justice and Recovery Advocates

**Session 2 Options** (1:15pm-2:30pm) *choose* ***one*** *only*

Interacting with Individuals living with Brain Injury: Tips and Tools to enhance CIT Curriculum

Crisis De-Escalation: Corrections Experiential Self-Care

Putting it All Together - All things CISM Law Enforcement Diversion and Harm Reduction Programs

**Session 3 Options** (2:45pm-4:00pm) *choose* ***one*** *only*

Safe Stations Human Trafficking

Walking the Thin Blue Line Safe Space Project: LGBTQ+ Suicide Prevention and Intervention

Justice Reinvestment Act Info

Understanding Core Characteristics of Intellectual/Developmental Disabilities

2018 CIT Conference Credit Card Form

If you would like to pay the $40 conference fee with a **credit card**, please fill out the following information and return this sheet along with your registration form.

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

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

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Credit card type (circle one): Visa Mastercard Discover

Credit card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date: \_\_\_\_\_**/**\_\_\_\_\_\_
CVV2 Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of conference registrant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return registration with breakout session selection form and payment to:

Carroll County Health Department/CIT Conference Attn: Shannon/Fiscal Department
290 South Center St. • Westminster, MD 21157

Payment options:
Make **checks** payable to Carroll County Health Department and write “CIT Annual Conference” in the memo. For **credit card** payments, please fill out the form above and mail, fax or email to Shannon at shannon.barnes@maryland.gov. Credit card payments may also be made over the phone by reaching Shannon at 410.876.4977.

***No refunds will be issued.***