

**HOUSTON TEXAS JOINS THE NATIONAL
FETAL ALCOHOL SPECTRUM DISORDERS AWARENESS
CAMPAIGN WITH A ONE-DAY CONFERENCE . . .
JOIN US FOR THIS IMPORTANT EVENT**

FASD Awareness Conference

Sponsored by MHMRA of Harris County

September 7, 2007
8:00 a.m. – 3:00 p.m.
at the MHMRA Conference Center

WHO SHOULD ATTEND?

PARENTS

★

COUNSELORS

★

EDUCATORS

★

SOCIAL
WORKERS

★

REGISTRATION
FEE

\$30 for Parents
\$40 for Professionals
wanting CEUs

**A Pregnant Woman *Never*
Drinks Alone**

TOPICS

- Workshop 101 on Fetal Alcohol Syndrome & Related Alcohol Effects
- Diagnostic Criteria for FASD
- Living with FASD; A Parent Panel Discussion
- Resources for Children Diagnosed with FASD

BREAKFAST—LUNCH—SNACK PROVIDED

For More
Information
CONTACT :

Jeanne Anorga
713-970-7657

REGISTER TODAY—
SPACE IS LIMITED

Hosted by the FASD CONSORTIUM-Membership Organizations Include:

Mental Health and Mental Retardation Authority (MHMRA) of Harris County, March of Dimes, The Council on Alcohol & Drugs Houston, The ARC of Greater Houston, Early Childhood Intervention (ECI) of MHMRA, Parent to Parent Project-University of Houston, Harris Co. CPS, LBJ Hospital, Gulf Coast Community Services Assoc. Early Head Start/Head Start, Harris Co. WIC, DFPS, HCPHES, Children at Risk, Alief ISD, Galena Park ISD, Lamar CISD, Pearland ISD.

REGISTRATION FORM

FETAL ALCOHOL SPECTRUM DISORDERS AWARENESS CONFERENCE

DATE: SEPTEMBER 7, 2007

TIME: 8:30 a.m. ~ 3:00 p.m.

Registration 8:00 ~ 8:30 a.m.

PLACE: MHMRA CONFERENCE CENTER

7033 Southwest Freeway Houston, TX 77074

COST: \$30 for parents, \$40 for professionals wanting CEUs, made payable to MHMRA

COMPLETE THIS FORM & MAIL TO :

**FASD Awareness Conference
MHMRA of Harris County
7011 Southwest Freeway
Houston, TX 77074
Attn: Jeanne Anorga**

Make checks payable to MHMRA. Refunds will not be given for non-attendance or cancellations. **DEADLINE FOR registration—FRIDAY, AUGUST 31, 2007.**

Last Name: _____ First Name: _____

Home Address: _____ City/State/Zip: _____

Home Phone: _____

Parent \$30 Fee

Professional wanting CEUs \$40 Fee

Check Type of CEU: ____ Social Work ____ Educator ____ Counselor

Organization: _____

Address: _____

City/State/Zip: _____

Contact Number: _____

Check# _____