



REGISTRATION FORM

Please register by April 21, 2009

The Impact of Depression and Suicide
Building a Community Alliance to Promote Awareness & Save Lives
Friday, May 8, 2009/ 7:45 a.m. registration, 8:30 a.m. - 12:30 p.m. program
At the Harry and Rose Samson Family Jewish Community Center

Mail Registration: The Impact of Depression and Suicide, Jewish Family Services Inc.
1300 N. Jackson Street, Milwaukee WI 53202, or fax to 414-390-5808
Phone Reservation Line: 414-225-1373

Yes I/we will attend. Number attending _____

No, I cannot attend. Please include me on the mailing list for future programs.

Name(s) _____

Address _____

City, State, Zip _____

Phone _____ Email _____

I am interested in volunteer opportunities Yes Not at this time

BREAKOUT GROUP SESSIONS

1st choice: # _____ 2nd choice: # _____

Please notify Norma Gilson of any disability-related accommodation requests at 414-390-5800 or ngilson@jfsmilw.org as soon as possible. **We will make every attempt to honor these requests if received by April 23rd.**

For the safety and comfort of those with chemical and environmental sensitivities, we request that persons attending this program come fragrance free.

All programs sponsored by the Jewish Community Mental Health Education Project are free and open to the public. Our work is completely funded through the generosity of donations and grants. Your donation is greatly appreciated and you will be recognized in the conference program.

Please accept my donation to the Jewish Community Mental Health Education Project of: \$ _____.
(MC/Visa or checks only) Donations are tax deductible under the extent of the law.

MC/VISA # _____ Expires _____ CCV # _____

Checks should be made payable to: Jewish Family Services

I am interested in underwriting future programs. Please contact me at _____

Questions? Contact Norma Gilson at 414-390-5800 or ngilson@jfsmilw.org or visit www.jfsmilw.org