

# PCB

*fall*  
TRAININGS  
10

# REGISTRATION



*harrisburg*

### THE ROLE OF MEDICATION IN DRUG & ALCOHOL TREATMENT

Friday, October 8 9:00 am - 4:00 pm \$50  
Holiday Inn Express, Harrisburg

### INTEGRATING ASSESSMENT, TREATMENT, & REFERRAL INTO A PRIMARY MENTAL HEALTH CARE SETTING

Monday, October 25 9:00 am - 4:00 pm \$50  
Holiday Inn Express, Harrisburg

### WORKAHOLISM: THE APPLAUDED ADDICTION

Thursday, November 4 9:00 am - 4:00 pm \$50  
Holiday Inn Express, Harrisburg

### ETHICS FOR THE ADDICTION PROFESSIONAL

Tuesday, November 16 9:00 am - 4:00 pm \$50  
Holiday Inn Express, Harrisburg

### MOTIVATIONAL INTERVIEWING & MOTIVATIONAL ENHANCEMENT THERAPIES: ADVANCED

Thursday, December 2 9:00 am - 4:00 pm \$50  
Holiday Inn Express, Harrisburg

*philadelphia*

### CHRONIC SUICIDERS: A CO-OCCURRING DISORDER CHALLENGE

Monday, September 20 9:00 am - 4:00 pm \$50  
Eagleville Hospital, Eagleville

### ETHICS FOR THE ADDICTION PROFESSIONAL

Monday, September 27 9:00 am - 4:00 pm \$50  
Eagleville Hospital, Eagleville

### INTEGRATING ASSESSMENT, TREATMENT, & REFERRAL INTO A PRIMARY MENTAL HEALTH CARE SETTING

Friday, October 29 9:00 am - 4:00 pm \$50  
Eagleville Hospital, Eagleville

### THE ADDICTED BRAIN AND ACQUIRED BRAIN INJURY: A DOUBLE OBSTACLE TO RECOVERY

Friday, November 19 9:00 am - 4:00 pm \$50  
Eagleville Hospital, Eagleville

*pittsburgh*

### THE DYNAMIC DUO: EFFECTIVE STRATEGIES FOR MANAGING THE OFFENDER/ADDICT IN DRUG & ALCOHOL TREATMENT SETTINGS

Monday, October 11 9:00 am - 4:00 pm \$50  
Allegheny General Hospital, Pittsburgh

### MAKING METHADONE WORK

Thursday, October 28 9:00 am - 4:00 pm \$50  
Allegheny General Hospital, Pittsburgh

### MOTIVATIONAL INTERVIEWING FOR TREATMENT OF SUBSTANCE DISORDERS

Friday, November 12 9:00 am - 4:00 pm \$50  
Allegheny General Hospital, Pittsburgh

### EFFECTIVE AFTERCARE PLANNING FOR SUBSTANCE ABUSING JUVENILE JUSTICE CLIENTS

Friday, November 19 9:00 am - 4:00 pm \$50  
Allegheny General Hospital, Pittsburgh

Check here to receive registration confirmation and directions by email. Email address must be included below.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Method of Payment (circle one):

Check (payable to PCB) Money Order Visa MasterCard

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 digit sec. code \_\_\_\_\_

NAME AS IT APPEARS ON CREDIT CARD

#### Cancellation/Change Policy

An administrative fee of \$10 will be charged for substitution of attendee, workshop change, cancellation or if fee is received on/after training date. No refund will be given for cancellation within two weeks prior to workshop or no shows. Written requests for attendee substitution or training change are accepted up to 5 business days prior to training date.

PLEASE PRINT CLEARLY. ONE PERSON PER FORM ONLY. FEE MUST ACCOMPANY RESERVATION FORM.