WHO SHOULD ATTEND?

• Persons in Recovery and with lived experiences
• Friends and Family Members
• Healthcare Providers
• Faculty
• Community-Based Organizations
• Foundations
• Students
• Artists
• Alternative Health Care Professionals
• Researchers
• Faith-Based Communities

CONFERENCE DATES

Monday May 21, 2012 12:00pm through Wednesday May 23, 2012 12:00pm
Overnight guests can begin to check in on Monday May 21, 2012 at 3pm.

CONFERENCE LOCATION

BERGAMO RETREAT CENTER
4400 Shakertown Road
Dayton, Ohio 44864
937.426.2363
www.bergamocenter.org

CONTINUING EDUCATION

This program offers 8.5 clock hours of CEUs approved through the Ohio Counselor, Social Worker, and Marriage & Therapist Board. CEUs are provided through Southeast, Inc.: #RCS088802

SPONSORSHIP/EXHIBIT SPACE

Contact the Coordinating Center of Excellence if you are interested in exhibit space or if you would like to sponsor the conference.

CONTACT US

WELLNESS MANAGEMENT & RECOVERY CCOE
16 W Long St. Suite 340
Columbus OH  43215
Phone: 614.225.0980 | Fax: 614.360.0399
www.wmrohio.org

Durrie Allen, Office Liaison
Stephanie Rich, BSSW, LSW, Trainer/Consultant
Kelly Wesp, PhD, Director
Deborah Wilcox, PhD, Consultant
THE WMR ANNUAL CONFERENCE

The WMR Annual Conference is dedicated to opening an open space where individuals have opportunities to experience personal recovery and wellness. In this open space participants can:

- Discover wellness and recovery through our stories
- Engage in advocacy and activism
- Experience multicultural competency
- Develop leaderfulness
- Participate in experiences that promote greater liberation and freedom
- Engage in shared experiences that promote community building
- Build authentic relationships across human differences
- Achieve personal empowerment through fun and relaxation
- Experience equity through voice and choice

FEATURED PERFORMER: Brenda Rucker, Soprano

BRENDA RUCKER has sung leading roles in La Boheme, Hansel and Gretel, The Magic Flute, Don Giovanni Tenorio, Mikado, Die Fledermaus, Don Pasquale and Lost In The Stars. She was honored to represent the United States as its Music Ambassador to the Caribbean, Central and South America, and she has toured United States and Europe. She also performed the premier recording of Mark Zanter’s “Five Songs to Poems by Emily Dickinson”.

Ms. Rucker indicates that music resonates with her spirit in the moment, It’s her personal wellness therapy and boosts my outlook on life. It connects her to people she never knew before. It can take her back to a wonderful life memory, sometimes it causes her to get up and shake a tail feather, and she uses it when times aren’t so good by starting with her feelings in the moment and then slowly changing the music till she’s contented and challenged to move on in a more positive healthy space. Music is her nurturer, uniting her mind body and spirit. Music - it’s what moves her!!

WMR CONFERENCE PLANNING COMMITTEE

Katie Feick, Franklin County
David Granger, Franklin County
Cindy Heitman, Warren and Clinton
Vici Hill, Lucas County
Victoria Web, Lucas County

Rhonda Hunt, Licking and Knox
Cindy Vogelsong, Hamilton County
Pamela Wilcox, Summit County
Teresa York, Warren and Clinton

SPONSORED BY:
CONFERENCE REGISTRATION

Registration Packages (check only one):

- Package A ($250) — includes single room for 2 nights, meals, and conference registration for two days
- Package A ($175) — persons in recovery
- Package B ($215) — price for each, double occupancy for 2 nights, meals, and conference registration for 2 days (Please identify who you will be sharing a room with in the space provided below)
- Package B ($150.50) — persons in recovery
- Package C ($175) — commuter registration includes 2 days of conference and meals
- Package C ($122.50) — persons in recovery
- Package D ($125) — for one day of conference and meals
- Package D ($87.50) — persons in recovery

Payment

A check or money order, made payable to “Southeast, Inc.”, must accompany the registration form. Credit cards cannot be accepted. Please submit a separate form for each person attending. If 5 or more people register from the same organization, then a 10% discount on registration fees is applied.

Name __________________________________________________
Title ___________________________________________________
Agency/Affiliation _________________________________________
Address ________________________________________________
City, State, Zip ____________________________________________
E-mail __________________________________________________
Phone __________________________________________________
Professional License # (for CEU’s) _____________________________
Specific Meal Needs
Name of Roommate (if applicable) ____________________________
Total Amount enclosed ____________________________________

Mail this form with check or money order made payable to “Southeast, Inc.” to:

Kelly Wesp, Program Director, Wellness Management & Recovery CCOE
16 W. Long St., Suite 340
Columbus, OH 43215