



SMILE CONFERENCE with NEWESD 101 FOR 2017 “EARLY PREVENTION, FUTURE SUCCESS”

This conference will be held on **October 25, 2017** at the **Red Lion River Inn, 700 N. Division Street, Spokane, WA 99202**. The fee is **\$85.00** for adults & \$40.00 for middle/high school/college students to allow attendance of an affordable and valuable conference. SMILE is co-sponsoring with NEWESD 101. The cost includes continental breakfast, beverages, snack, and lunch. Attendees will receive handouts and an additional educational book. Maximum of 120 people. **Refunds only by October 4, 2017 with \$20.00 processing fee.**

Registration opens: 8:15 AM, with the conference beginning at 8:45 AM and closing at 3:45 PM. The conference will address the following topics:

8:45 AM—**Christie Toribara, R.Ph.**—Overview of SMILE & Important Notices

9 to 10:30 AM—**Dan Fox, LICSW assisted by Sean Wright, M.S., M.A.: Resiliency and Post-Traumatic Growth to Help Students Succeed**

10:30 to 10:45 AM—Break with viewing of posters

10:45 to Noon—**Dan Fox, LICSW with Sean Wright, M.S., M.A.: Continuation on Resiliency**

12 to 12:30 PM—Lunch, viewing of Poster Sessions

12:30 to 3:45 PM—**A J Sanders, B.S., Health Program Specialist II SRHD: Seeing Through the Vapor**

Poster Sessions: Educating on Human Trafficking

NEWESD 101, a co-sponsor, is providing 6.5 clock hours. WMCA is providing 6 CEUs for licensed counselors and social workers. Physicians will receive a certificate for category II CME. SMILE provides a certificate of attendance. Certificates will be issued at the end of the conference. Questions: call Christie at (509) 448-8886.

To register and reserve your place for this important conference, please use purchase order or send payment (check or money orders) with the following information to: SMILE, P.O. Box 30357, Spokane, WA 99223. For those wishing to use a credit card, please pay on-line through our website: www.smilelifework.org by clicking the MAKE A PAYMENT button and mail this completed registration form stating payment was completed on-line. Please reference your transaction/confirmation number. **We need any special food considerations on this form. Please add any other special considerations.**

Name _____ Profession _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ Represents _____

Special considerations or requirements _____

Payment Method _____

Parking is available free of charge. Drive to back of Inn if front area is full.