

SPECTRUM OF SEXUAL ASSAULT: FROM VICTIM TO PERPETRATOR

MUSC | Basic Science Building | Charleston, SC
March 1st & 2nd 2019 | 8:00 A.M. - 4:30 P.M.

Approximately one in four women has experienced a sexual assault, including rape, in their lifetime. This inaugural Charleston trauma conference for mental health and health care professionals will be highlighting the prevalence and impact of sexual violence within the United States. In addition, evidence based interventions and local resources to assist victims will be discussed. This workshop will address unique barriers to reporting and steps that can be taken to overcome those barriers. The presenters will also examine the significant impact of a timely response to victims has on the community and the importance of building positive relationships that encourage trust and respect.

	Early Registration 2Days/1Day	General Registration 2Days/1Day	On-Site Registration 2Days/1Day
Providers	\$240/\$140	\$250/\$150	\$300/\$175
MUSC Providers	\$165/\$90	\$175/\$100	\$225/\$125
Social Workers	\$150/\$80	\$160/\$90	\$210/\$115
MUSC Social Workers	\$130/\$65	\$140/\$75	\$170/\$90
Students, Trainees &Community Rate	\$85/\$40	\$95/\$50	\$140/\$75

For further accreditation details & questions contact us at:
www.musc.edu/psychevents | psych-events@musc.edu | 843.792.0175

STAY CONNECTED!



Spectrum of Sexual Assault From Victim to Perpetrator

CONFERENCE LOCATION

Medical University of South Carolina
Basic Science Building
173 Ashley Avenue
Charleston, SC 29495

For further details and online registration, visit our site:

www.musc.edu/psychevents

CONFERENCE SCHEDULE

Day 1 Friday, March 1, 2019 8:00 A.M. - 4:30 P.M.
Heidi S. Resnick Memorial Charleston Trauma
Conference: Current Status of Sexual Assault in
America

Day 2 Saturday, March 2, 2019 8:00 A.M. - 4:30 P.M.
Blending Treatment & Assessment in Our Work
with Sexual Abusers

CONFERENCE REGISTRATION

Please check appropriate box below,
choice of **Full 2 Day Conference** or
1 Day (either day, please specify)

	Early Registration (Received on or before 1/25/19)	General Registration (Received 1/26/19 through 2/26/19)	On-Site Registration
Providers	<input type="checkbox"/> \$240/\$140	<input type="checkbox"/> \$250/\$150	<input type="checkbox"/> \$300/\$175
MUSC Providers	<input type="checkbox"/> \$165/\$90	<input type="checkbox"/> \$175/\$100	<input type="checkbox"/> \$225/\$125
Social Workers	<input type="checkbox"/> \$150/\$80	<input type="checkbox"/> \$160/\$90	<input type="checkbox"/> \$210/\$115
MUSC Social Workers	<input type="checkbox"/> \$130/\$65	<input type="checkbox"/> \$140/\$75	<input type="checkbox"/> \$170/\$90
Student, Trainee, Community	<input type="checkbox"/> \$85/\$40	<input type="checkbox"/> \$95/\$50	<input type="checkbox"/> \$140/\$75

Please Note - Registration and payment must be received within the registration deadlines to be eligible for that rate. Registration for this event closes on Tuesday, February 26, 2019 at 11:59 P.M. EST. No refunds will be offered after that time. Prior to February 26, 2019 all refund requests will be subject to a \$50 administrative fee. Registrations are transferable. If you do not receive a confirmation letter within two weeks of registering for this event, please contact us at (843) 792-0175 to ensure your registration has been received. Registration fee includes digital conference materials, credit processing, breakfast, lunch, breaks and parking. Please see website for further accreditation details.

***Continuing Education Credit details:**

The South Carolina Board of Examiners in Psychology will approve 12.0 Category A credits.

The South Carolina Board of Social Work Examiners will approve approximately 12.0 hours of designated credit.

The South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists and Psycho-Educational Specialists will approve 12.0 hours of continuing education credit.

Name _____ Email _____ Phone _____

Credentials (e.g., BSW, LISW, LPC) _____ Organization/Agency _____

Address _____ City _____ State _____ Zip _____

Any special needs? (dietary or physical) _____

I am paying by: ☐ Check ☐ ACH Transfer (State Agency) ☐ MUSC IIT

PLEASE MAIL COMPLETED REGISTRATION FORM AND CHECK (PAYABLE TO MUSC PSYCHIATRY):

ATTN: Jessica Carter, Continuing Education Office, MUSC Psychiatry and Behavioral Sciences
67 President Street, MSC 861, Charleston, SC 29425