

# 3<sup>rd</sup> Annual Ventura County Brain Injury Center Conference



**Brain Injury Center of Ventura County**

**Sponsors:**



**Saturday, March 24, 2012 from 8:30am to 4:00pm**  
**Ventura County Office of Education, 5100 Adolfo Road, Camarillo**

**Keynote Speaker:** Dr. David Hovda, Director of UCLA BI Research Center

**Faculty Presenters:** Jarice Butterfield, Ph.D., Susan Farber, MFT, Jeff Hayden, Ph.D., Lisa Hayden, Psy.D., James Herman, M.D., Aaron McMurtray, M.D., Margaret November, M.D., Celeste Racicot, M.Ed., Lakshman Rasiah, M.D., Bob Tomaszewski, Ph.D., Kenneth Waxman, M.D., Marsha Zak, Ph.D.

<b>BI Survivor Track</b>	<b>Family/Caregiver Track</b>	<b>Professional Track</b>
Tools for Daily Living	How to Partner with Care Providers	Overview of TBI and Executive Function Malfunction
Education & Learning Across the Lifespan	Education and Learning Across the Lifespan	Red Flags in Treatment: From the Trauma Room to Sequelae Requiring Surgical Intervention and Neuropsychiatric Assessments
Chair Yoga and Art Therapy Project	Behavioral Motivation	Assembling the Team - Case Studies

**\$15 per person: includes Conference, lunch and handouts (does not include CEU's)**

**\$65 per person seeking CEU and/or CME credits: includes Conference, lunch and handouts**

*CEU credits will be offered through Innovative Learning Project for BBS, BRN, BACB, and ASHA*

*CME credits will be offered through Ventura County Medical Center*

*\*\*Credits are offered for the Professional Track only.*

**Complete this registration form and mail with payment before March 15, 2012**

**Mail to: Brain Injury Center, P. O. Box 1477, Camarillo, CA 93011-1477**

## 2012 Conference Registration Form (Registration Deadline: March 15, 2012)

\_\_\_\_\_ # of participants email: \_\_\_\_\_

Name: \_\_\_\_\_

Are you a BI survivor \_\_\_\_\_, family member \_\_\_\_\_, or professional-*specify* \_\_\_\_\_?

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

You may pay by MC or Visa: Name on credit card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV# \_\_\_\_\_

or make check payable to Brain Injury Center and mail along with this form to **P. O. Box 1477, Camarillo, CA 93011**

Name of additional participants: \_\_\_\_\_

For more information, please call (805) 482-1312