

I am for survivors

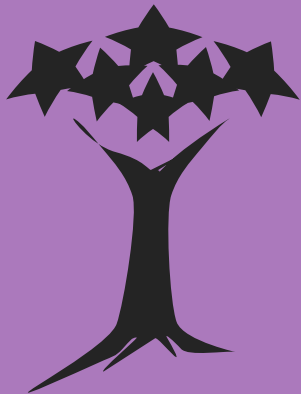


Survivors of domestic and sexual violence come to us from all walks of life and with complex experiences. This year we are proud to offer an Institute that focuses on those who identify as lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ). We will explore the barriers that are unique or amplified for LGBTIQ communities and offer skills and strategies for your work as advocates. We also strive to recognize and celebrate the "rainbow within the rainbow." By this we mean that LGBTIQ people do not belong to a single, homogenous community, but rather carry with them rich and complicated identities and stories. It is our desire to see that all survivors are welcome to "show up" as their whole selves and that they will receive the same commitment to justice and safety that is the backbone of this movement.

2009 Professional Development Institute

I AM FOR SURVIVORS

Increasing Accessibility In Michigan for LGBTIQ Survivors



LOREE COOK-DANIELS
FORGE
Milwaukee, WI

CURT ROGERS
Gay Men's Domestic
Violence Project
Boston, MA

Continuing
Education Units
for Social Work
have been
requested for
this training!

FEATURED PRESENTERS

Keynote:

M. CARMEN LANE
Lane-Leota Group
Lansing, MI

*Still Stonewalled:
An Exploration
of Love, Injustice,
and Resistance*

MELISSA POPE
Triangle Foundation
Detroit, MI

RACHEL CRANDALL
Transgender
Michigan
Berkley, MI

*More
presenters
to be
announced!*

Additional Topics:

*Reaching LGBTIQ Youth
Outreach Strategies for
Gay Men*

*The Role of SOFFA's
(Significant Others,
Friends, Families, Allies)*

Trans 101

*Spirituality As a Tool
for Healing*

*Legal Issues
and Advocacy for
LGBTIQ Survivors*

*Presentation of Preliminary
Research Findings*

**Event & Hotel Registration Deadlines:
Monday September 7, 2009**

See Registration Form for more details.

Questions? Contact Sarah Jarous at: (517) 347-7000 x30
sarah.jarous@mcadsv.org



3893 Okemos Rd., Ste. B2
Okemos, MI 48864
Phone: (517) 347-7000
Fax: (517) 347-1377

September 22, 2009
9:00 a.m. - 5:30 p.m.

September 23, 2009
9:00 a.m. - 4:00 p.m.

COMFORT INN & SUITES
HOTEL & CONFERENCE CENTER

2424 South Mission Street
Mt. Pleasant, Michigan 45558

RESERVE YOUR DISCOUNTED ROOM BY
THE HOTEL REGISTRATION DEADLINE:

MONDAY SEPTEMBER 7, 2009

CALL (989) 772-4000

www.mtpcomfortinn.com

See Registration Form for more details.
Availability of overnight rooms
may be limited.

MCADSV
wishes to thank
the Michigan
Domestic Violence
Prevention

Treatment Board
and the Arcus
Foundation for
their generous
financial support
of this project.



MICHIGAN
DOMESTIC VIOLENCE
PREVENTION &
TREATMENT BOARD

arcus
FOUNDATION



REGISTRATION FORM

2009 Professional Development Institute
Increasing Accessibility In Michigan for LBGTIQ Survivors
September 22-23, 2009

Tuesday September 22
9:00 a.m. - 5:30 p.m.

Wednesday September 23
9:00 a.m. - 4:00 p.m.

**COMFORT INN &
SUITES HOTEL &
CONFERENCE CENTER**
2424 South Mission Street
Mt. Pleasant, MI 45558
(989) 772-4000
www.mtpcomfortinn.com

LODGING INFORMATION

Reserve your discounted room today. Availability of overnight rooms may be limited.

Hotel Registration Deadline:
Monday September 7, 2009

Ask for the MCADSV room block for a discounted room rate. The discounted rate is available only up to the hotel deadline, **OR** as long as space is available, and cannot be guaranteed thereafter.

A credit card is required to guarantee all room reservations. A tax of 8% is added to the room rate. Six percent is the State of MI sales tax that can be deducted IF payment is made with a company check or credit card and accompanied by a tax-exempt form. **Cancellations must be made 72 hours prior to arrival.**

Shop the Institute!

Bid on valuable Silent Auction items and gifts. Vendors will also be on-site.

Questions?

Contact Sarah Jarous
MCADSV
3893 Okemos Rd., Ste. B2
Okemos, MI 48864
Phone: (517) 347-7000
Fax: (517) 347-1377
TTY: (517) 381-8470
sarah.jarous@mcadsv.org

Ms. Mrs. Miss Dr. Name: _____

Title/Position: _____

Organization: _____

Address: _____

City: _____ State/Zip: _____

Phone (Wk): _____ Phone (Hm): _____

Fax: _____ E-mail: _____

Confirmations will be sent to this address.

The agency I work for (circle): DV program SA program Dual program Transitional Housing Other

I attended the Examining DV/SA within the LBGTIQ community training facilitated by MCADSV.

I will need a sign language interpreter.

Please indicate any special dietary needs: _____

Other Accommodation Needs: _____

Or call (517) 347-7000 x 30 by September 7, 2009 to indicate special needs or accommodations required to participate in this event.

I plan to attend the MCADSV Professional Development Inst. Sept. 22-23, 2009 \$175.00*
(Rate if PAID BY Monday September 7, 2009) _____

MCADSV MEMBERS* DEDUCT \$25.00 FROM REGISTRATION (-\$25.00) _____

*Membership must be in good standing to receive membership discount.

Receive the Member Discount! Become a 1-year Supporting Member
(Limited Income or Advocate \$20.00/Individual \$50.00/Organizational \$100.00) _____

SUBTOTAL: _____

Registrations received after September 7, 2009 will be assessed a \$10.00 late fee: _____

TOTAL AMOUNT ENCLOSED: _____

REGISTRATION/CANCELLATION DEADLINE: Monday September 7, 2009

Cancellation Fee applies after this date.

Check Visa MC Amex Discover

Name on Card: _____

Acct. Number: Exp. Date: _____

Signature: _____ Date: _____

Confirmation of registration will be sent to the Email address provided on this form one week prior or earlier to the event date. A \$20.00 fee will be applied to all cancellations after the **registration/cancellation date, Monday September 7, 2009.** The cost of registration includes training materials and lunch on September 22nd and 23rd.

***Registration Fee:** The educational portion of this program is provided free of charge through funding from the Michigan Domestic Violence Prevention and Treatment Board. The registration fee offsets expenses not covered by these grant funds.

MCADSV Use Only: Check #/Auth#: _____ Amt Applied: _____ Total Amt: _____

Gift Date: _____ Deposit#: _____ Deposit Date: _____