Chatham University College for Continuing & Professional Studies hosts the

First Annual
Infant Mental Health (IMH) Conference

featuring
Michael Trout, Dr. Gerard Costa,
Dr. Gilbert Foley and Dr. Katherine L. Wisner

Saturday, July 25 & Sunday, July 26, 2009
Chatham University Shadyside Campus, Pittsburgh, PA

REGISTER EARLY!

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Registration includes: conference material, breakfast, lunch, and refreshments each day.
Registrants will receive a confirmation e-mail containing conference schedule updates, parking, and logistical information prior to the event or can
www.chatham.edu/imh.
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SPACE IS LIMITED!

Check-in begins at 7am in the Athletic & Fitness Center.

For more information, please contact the College for Continuing and Professional Studies at 412-365-1147.

Woodland Road . . . Pittsburgh, PA 15232
412-365-1147 . . . 412-365-1720 (fax)
chathamimh@hotmail.com . . . www.chatham.edu/imh
Conference Registration Form

Saturday, July 25, 2009 – Sunday, July 26, 2009

Registrant Information

Please print clearly. Please complete one form per registrant.

Name______________________________________________

First Name ____________________________________________ Middle Initial __________________________ Last Name ____________________________________________

Employer_______________________________________________________________________________________________________________________

Address_____________________________________________________________________________________________________________________

City State Zip____________________

Title_________________________________________________________________________________________________________________________

Degree/Certification/Credential Earned _______________________________________________________________________________________

Phone (work) ______________________________ Phone (cell)________________________________Email________________________________

Emergency Contact(required)______________________________________________________________________________________________

Phone________________________________________________

Registration Fees

<table>
<thead>
<tr>
<th>Conference Registrant</th>
<th>Registration Categories</th>
<th>Fees</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Early Registration</td>
<td>Affiliate Rate*</td>
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<tr>
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<td>Payment received by</td>
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<tr>
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<td>July 6, 2009</td>
<td>July 23, 2009</td>
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|                       | Early Intervention Service Provider* | Telephone no. _______________________________
|                       | Organization Name (for verification): ___________________ |
|                       | Telephone no. ____________ |
|                       | Required: ID No. ____________ Institution ____________ Program _________ |
|                       | Early Childhood Teacher* | Telephone no. ____________ |
|                       | Organization Name (for verification): ___________________ |
|                       | Telephone no. ____________ |
|                       | Required: ID No. ____________ |
|                       | Student* | Telephone no. ____________ |
|                       | Required: ID No. ____________ |
|                       | Conference Speaker       | Telephone no. ____________ |
|                       | IMH Faculty, Staff or Student | Telephone no. ____________ |
|                       | Conference Sponsor       | Telephone no. ____________ |

Payment received by July 6, 2009

Payment received by July 23, 2009

Payment received after July 23, 2009

Registration Rate $239 $139 $269 $299

* 150 Affiliate Rate registrations are available. When that number has been reached, Regular Rates will apply.

Registration Type: (select only one)

☐ General Registration

☐ Affiliate Member:

☐ PAEYC Member*

Required: Member ID No. ____________ Expiration date: ____________

☐ Early Childhood Teacher*

Organization Name (for verification): ___________________ Telephone no. ____________

☐ Early Intervention Service Provider*

Organization Name (for verification): ___________________ Telephone no. ____________

☐ Student*

Required: ID No. ____________ Institution ____________ Program _________

☐ Conference Speaker

☐ IMH Faculty, Staff or Student

☐ Conference Sponsor

➢ Have a discount code? Please enter it here: _____________________

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chathamimh@hotmail.com . . . www.chatham.edu/imh
Select Your Breakout Session Preference:
Please be aware that Breakout sessions have capacity restraints. Mail-in and Walk-in registrants are required to choose three (3) Breakout Sessions per time period. Label in the space provided.

Breakout Session Schedule

Saturday, July 25, 2009  10:30am – 11:30am
BREAKOUT SESSION 1:
  1a. What Every New Mother Wishes Her Pediatrician or OB Would Ask Her About Her Baby
  1b. The Effects of Poverty on Parent-Child Attachment and Child Development
  1c. The NICU Experience: What it Means for Infants and Families
  1d. Strategies to Promote Reflective Practices
  1e. Routine Based Care – Developing a Home Program Within the Family Routine

  1st choice: ______  2nd choice: ______  3rd choice: ______

Sunday, July 26, 2009  10:30am – 11:30am
BREAKOUT SESSION 2:
  2a. Helping the Foster Child through Relationship-Based Activities
  2b. Exceptional Parents for Exceptional Children- Changing the Picture of the “Perfect” Child
  2c. Dialectical Behavior Therapy with Depressed Mothers
  2d. The Visual & Behavioral Characteristics of Children with Cortical Visual Impairment
  2e. Heart Transplantation Affects the Child and Family: School’s Can Help

  1st choice: ______  2nd choice: ______  3rd choice: ______

Sunday, July 26, 2009  2:45pm – 3:45pm
BREAKOUT SESSION 3:
  3a. Sensory Integration on a Shoestring Budget
  3b. Infant Mental Health Concerns in Adoption and Foster Care
  3c. Infants and Toddlers in Early Care and Education Programs: Helping them Through Experiences of Loss.
  3d. A Multi-Method Treatment Approach for Early Childhood Mental Health
  3e. The Continuum of Prenatal to Early Childhood Substance Exposure

  1st choice: ______  2nd choice: ______  3rd choice: ______

Sunday, July 26, 2009  4:00pm – 5:00pm
BREAKOUT SESSION 4:
  4a. Early Relational Trauma in Children’s Artwork and Play
  4b. Family Focused Grief Counseling
  4c. Identifying Autism Spectrum Disorders in Infancy
  4d. From Sports Fans to Nurturers: An Early Head Start Program’s Evolution Toward Father Involvement
  4e. Less than Zero: The Role of Prenatal Development in Infant Mental Health

  1st choice: ______  2nd choice: ______  3rd choice: ______

For Breakout Session details and descriptions, please visit www.chatham.edu/imh
Required Information for DPW/STARS hours & Continuing Education Credits

Date of Birth: / / Last 5 digits of Social Security Number: / / / Phone

Home Address __________________________________________________________
City State Zip Code

Continuing Education Units (CEUs) Available: ($35 CEUs processing fee will apply)

☐ Social Work ☐ ACT 48
☐ Occupational Therapy ☐ Licensed Professional Counselor
☐ Psychology GPPA Member? Required: Member No._________ (Processing fee waived for GPPA Members)

Note: Up to 12 credit hours can be obtained. Remember to sign and fill-out the appropriate sheet for obtaining credit.

Payment Information  Date: ________________

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<thead>
<tr>
<th>Fee</th>
<th>Amount</th>
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<tbody>
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<td>Registration Fee</td>
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<td>Continuing Education Fee</td>
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<tr>
<td>Total</td>
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</tbody>
</table>

☐ Check enclosed (payable to Chatham University)
Amount: $____________________

Please charge my
☐ MasterCard ☐ Visa

Account # ____________ Exp. Date ____________ CID (Card ID #) ____________

CID is the last 3 digits of the number in the signature area on the MasterCard, Visa, and Discover cards; on the AMEX card, it is the 4 digits above the account number.

Name as it appears on card ________________________________

Billing address: ____________________________________________
City State Zip Code

Cardholder's signature ______________________________________

Questions about payment? Please contact Carolyn Leah at 412-365-1147.

Thank you for registering for Chatham University's First Annual Infant Mental Health Conference!

Please mail or fax this form and payment to:

Chatham University
College for Continuing and Professional Studies
Woodland Road
Pittsburgh, PA 15232
Fax: 412-365-1720

Confirmation

My signature below signifies the above information is correct. I understand that Registration Rate is determined by Affiliate and date payment is received.

Registrant Signature __________________________ Date __________

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