



Saturday, February 27, 2016: 9am-3:30pm

**Interpersonal Violence and Bullying
in the Community, Schools, and Workplace**

For Counselors, Teachers, Administrators, Organizations, Community Leaders, & Parents

**@ The Johns Hopkins University *School of Education*
2800 N Charles St, Baltimore, MD 21218 Maryland**

Welcoming: Sabrina Sutton, Baltimore Deputy Mayor Special Assistant

Opening Remarks: Larry Hogan, Governor State of Maryland*

Community Violence

Joseline Pena-Melnyk

Member of Maryland House of Delegates, District 21

Self/Interpersonal Violence

Dr. Vivian Lee, Associate Professor Johns Hopkins University

School Violence

Elizabeth Ysla Leight, Esq.

President, Maryland Parent Teacher Association

School Bullying

**Coach Ed Reed, Montgomery County, MD Public Schools and
President-Elect, Maryland School Counseling Association**

Workplace Violence

Dr. Marsha Riggio

Executive Director, Maryland Counseling Association

**5.0 NBCC
Clock Hours***

**Social Networking
4-7 PM @
Hardrock Café
Baltimore Harbor**

*Guests are invited and subject to change. MSCA and MAMFC via MCA are NBCC-Approved Continuing Education Providers (ACEPTM) and may offer NBCC-approved clock hours for events that meet NBCC requirements. The ACEPs are solely responsible for all aspects of the program.



REGISTRATION

Take Advantage of Special Discounted and Early Bird Rates!

Please Visit: www.MDCounseling.org OR Complete Registration Information Below

Checks made payable to: *Maryland Counseling Association*

c/o Sarah Gilden, Treasurer P.O. Box 87682 Montgomery Village, MD 20886

Registration Type: Includes Workshop & Park- ing - Lunch on Your Own	Before 2/13/16	After 2/13/16 & At Door
MCA/MSCA Professional Member	\$70	\$85
MCA/MSCA Professional Non-Member	\$85	\$95
MCA/MSCA Lifetime Member	\$70	\$85
MCA/MSCA Past-President	\$70	\$85
MCA/MSCA Student/Retired Member	\$25	\$35
MCA/MSCA Student/Retired Non-Member	\$35	\$50
MCA/MSCA Board Member Professional	\$25	\$35
MCA/MSCA Board Member Student	\$0	\$25

Name	Charge to Visa or Mastercard (Circle one)
Title	Name on Card
Organization	Card Number
Mailing Address	Expiration ___/___/___
Phone	CVV Code
Email	Billing Address
Registration Type: _____ Registration Fee: \$ _____	Card Holder Phone Number - -
Check enclosed? Y / N Check # _____ *Make payable to MCA	Cardholder Signature



Questions? Email Program Chair
Lenese Stephens:
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