



17th Annual Renewal and Reflection for Counseling Professionals

Counselor Connections

Wednesday January 16, 2008

Holiday Inn, Brooks Avenue

Rochester, NY

Conference Registration

****Please print this page and return it to the address below****

[Download PDF Form](#)

Name _____

Street _____

City _____ Zip _____

Work Phone _____

Home Phone _____

E-Mail: _____

School/District _____

Position _____

Select from the following morning choices (either one full morning institute or two shorter sessions)

Indicate your choice for one **Full Morning Institute** (mark 1 for 1st choice, 2 for 2nd choice). If you select a full morning institute, *do not select a shorter session.*

Full Morning Institute (9:50-11:45 am)

_____ Choice 1: When grief enters the classroom

_____ Choice 2: Pediatricians and psychiatric medications

_____ Choice 3: Digital Support Services: Using Technology to help school counselors streamline instructional support processes

OR

Indicate your two **Professional Reflection Sessions** (mark 1 for 1st choice, 2 for 2nd choice for **each**). *If you select a shorter session, do*

not select a full morning institute.

Session 1 (9:50 - 10:45 a.m.)

_____ Choice A: Communication, relationship and contact: Counselors as a valued resource to teachers

_____ Choice B: School counselor accountability

_____ Choice C: Defining the relationship between school counselors and mental health counselors in school-based mental health programs

AND

Session 2 (10:50 - 11:45 a.m.)

_____ Choice D: Communicating our effectiveness: Action research skills for school counselors

_____ Choice E: Who me? Becoming the leader you're waiting for

_____ Choice F: Running effective student support groups

The **Afternoon Workshop** will be:

Gangs in urban, suburban, and rural schools (1:45-3:00 pm)

_____ *Please check here if you are a National Certified Counselor and want Continuing Education Units*

*If you are a current graduate student registering at the lower rate, please indicate your institution

Cancellation two weeks prior to the conference will receive a full refund. No refund will be made if cancellation occurs within two weeks of the conference. You may substitute another person in your place. Please notify our office as soon as possible of any substitutions by calling (585) 395-2258. *No refund will be given if you do not attend the conference.*

Cost: _____ **\$65 Early Bird Registration (Postmarked Before 7 December 2007)**

_____ **\$70 Regular Registration (Postmarked After 7 December 2007)**

_____ **\$50 for Graduate Students**

_____ **\$25 for Presenters**

Make checks payable to: Western New York School Counselors Consortium

Mail form with payment on or before January 11, 2008 to:

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