



2nd Annual OT in Mental Health Symposium

Saturday, April 25, 2020 – 8am to 4:30pm (earn 6 PDUs)

- 8am – 9am – Registration and Light Breakfast
- 9am – 10am – Introduction and Keynote – Anne MacRae, PhD, OTR/L, BCMH, FAOTA, Professor Emerita San Jose State University
- 10:15am – 11:15am – Lived Experience – Presenter to be announced
- 11:15am – Noon – The Impact of Hearing Voices on Sexuality and Relationships – Emilio Villavicencio, OTS, and Kristen Gottheil, OTS
- Noon – 1pm – Networking Lunch
- 1pm – 2pm – Building Innovative Roles for Mental Health OTs in a Nonprofit Setting – Michelle Burlyga, MS, OTR/L
- 2pm – 3pm – Introduction to Culturally Responsive Care – Beth Ching, OTD, M.Ed, OTR/L
- 3pm – 3:15pm – Break
- 3:15pm – 3:45pm – Emerging Roles in Occupational Therapy: A Panel
- 3:45pm – 4:15pm – Speak Out!
- 4:15pm – 4:30pm – Wrap Up and Evaluation

5:00pm – Post-event social at **Paper Plane**, an easy-going, fun atmosphere, with world class crafted cocktails. Must be 21. *Not included in registration.*

LOCATION

SAN JOSE, CA

San Jose State University

Paper Plane

Paperplanesj.com

(Post-event social; not included in registration)

WHERE TO STAY

Hotel recommendations coming soon

TO REGISTER

Online Registration

[www.otaonline.org / OT in Mental Health](http://www.otaonline.org/OTinMentalHealth)

Register by Mail

Send registration form to:
OTAC, P.O. Box 276567,
Sacramento, CA 95827.

Register by Fax

916/567-7001



QUESTIONS?

Email OTAC staff at staff@otaonline.org or call (888) 686-3225

REGISTRATION FORM One form per person. Please type or print clearly. Light breakfast/lunch included.

EARLY BIRD \$169 OTAC/POTAC MEMBERS* \$189 NONMEMBERS
 \$89 STUDENTS

EARLY BIRD CLOSING MONDAY, MARCH 31, 2020

ADVANCE \$189 OTAC/POTAC MEMBERS* \$209 NONMEMBERS
 \$109 STUDENTS

ADVANCE REGISTRATION CLOSING FRIDAY, APRIL 17, 2020

ONSITE \$209 OTAC/POTAC MEMBERS* \$229 NONMEMBERS
 \$129 STUDENTS

Please review the cancellation/refund policy on page 4.

Name _____

Home Address _____

City _____ State _____ Zip _____

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PAYMENT OPTIONS: CHECK ONE

Check (make payable to OTAC) MasterCard Visa AMEX

Credit Card Number _____

Exp Date _____ VCode _____

Cardholder Name _____

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Fax to 916/567-7001, or

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REGISTER ONLINE - www.otaonline.org