

## **Georgia Department of Behavioral Health & Developmental Disabilities**

Frank E. Shelp, M.D., M.P.H., Commissioner

#### **Division of Developmental Disabilities**

Two Peachtree Street, NW, Suite 22-203, Atlanta, Georgia 30303-3142

404-657-2252

#### **Announcement**

## **Provider Fair for Families in Region 6**

The Department of Behavioral Health and Developmental Disabilities/ Division of Developmental Disabilities is sponsoring a Provider Fair for families in Region 6. The provider fair is intended for families to give them an opportunity to meet and greet the providers within their region. Families will have a chance to interview and ask questions of their prospective providers as well as get to know what services they provide. The provider fair will begin at 12pm and will end at 3:00pm. Sign-in for the families will begin at 11:30am. Pre-registration is not required for families; however, it is required for participating providers.

All interested providers in Region 6 are asked to read the guidelines below and complete the registration form located on page 2. <u>Please note</u>: Interested providers must have the ability and capacity to accommodate new individuals. Once the registration form is completed, please fax it to the regional contact provided. Participating providers should consist of no more than two (2) representatives per provider agency.

Meeting Date/ Location  Meeting will begin at 12:00 pm and end at 3:00 pm; sign-in will begin at 11:30 am				
MEETING DATE	REGISTRATION DEADLINE FOR PARTICIPATATING PROVIDERS	LOCATION		
Saturday July 21, 2012 Families in Region 6	July 13	Mildred L. Terry Library Community Meeting Room 640 Veterans Parkway, Columbus, GA 31901		

### By completing and submitting the registration form (located on page 2), you are agreeing to the following:

- You will complete the registration form and submit it to the corresponding regional office located on page 2 on or before the deadline listed above;
- Will be responsible for providing your own handouts/visual aids:
- Will provide your own laptop if warranted and must bring a fully charged laptop battery or batteries;
- Acknowledge that power/ electrical outlets will not be supplied to providers;
- Copies will not be made on-site as you will be responsible for your own handouts/publications;
- The two provider agency representatives will arrive by 10:30am to setup
- WIFI (Wireless internet access) will not be provided; and,
- Must have the ability and capacity to accommodate new individuals.

Provider registration is required. Please register early!

# **Provider Fair For Families in Region 6**

## **REGISTRATION FORM**

CONTACT INFORMATION		Date:			
Registrant's Last Name	First Name	Middle			
Office Mailing Address (Street A	Address or	EMAIL Address (PLEASE PR	INT)		
City	State	Zip			
Work Phone		Alternate Phone			
Name of Provider Agency		Region	Served		
Names of the person that will be working with you at the Provider Fair					
How many current residential service openings do you have?					
How many Day/SE service ope	nings do you have?				
Please check $()$ the session is By selecting one of the dates organization will participate is	below, you are agreeii	ng to the guidelines listed on page 1 <u>and</u> that y	your		
□ Sat, July 21 @ 12pm – Mildred L. Terry Library, Columbus, GA – Deadline July 13					

Please complete this form and fax it to the corresponding regional office:

(Region 6) Erika Ball (Direct) 706-565-7835 (Fax) 706-565-3565