



Georgia Department of Behavioral Health & Developmental Disabilities

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Division of Developmental Disabilities

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Announcement

Provider Fair for Families in Region 5

The Department of Behavioral Health and Developmental Disabilities/ Division of Developmental Disabilities is sponsoring a Provider Fair for families in Region 5. 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 10am and will end at 12:00pm. Sign-in for the families will begin at 9:30am. Pre-registration is not required for families; however, it is required for participating providers.

All interested providers in Region 5 are asked to read the guidelines below and complete the registration form located on page 2. 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 10:00 am and end at 12:00 pm; sign-in will begin at 9:30 am		
MEETING DATE	REGISTRATION DEADLINE FOR PARTICIPATING PROVIDERS	LOCATION
Saturday June 30, 2012 Families in Region 5	June 22	Georgia Regional Hospital - Savannah Gymnasium 1915 Eisenhower Drive, Savannah, GA 31406

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 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 9am to setup; and,
- WIFI(Wireless internet access) will not be provided.

Provider registration is required. Please register early!

Provider Fair For Families in Region 5

REGISTRATION FORM

Date: _____

CONTACT INFORMATION

Registrant's Last Name First Name Middle

Office Mailing Address (Street Address or PO Box) EMAIL Address (PLEASE PRINT)

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

Please check (✓) the session that you wish to attend:

By selecting one of the dates below, you are agreeing to the guidelines listed on page 1 and that your organization will participate in the provider fair.

- Sat, June 30 @ 10am – GRH Savannah, Savannah, GA – **Deadline June 22**

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

Savannah (Region 5)
Kendra Palmer
(Direct) 912 303-1860
(Fax) 912 351-6309