**Survivor of Suicide Attempt Training**

**Didi Hirsch Mental Health Services**

**February 19 & 20, 2020**

**Casper, Wyoming**

This training is intended to train facilitators to provide Survivor of Suicide Attempt (SOSA) support groups in your community. The cost of the training will be paid for through a grant from the Kate Spade Foundation that was provided to Didi Hirsch Mental Health Services. This is a two-day class running from 9:00 AM till 5:00 PM each day. Didi Hirsch Mental Health Services will provide two trainers. There is a maximum of 20 participants. Each participant will need to complete the attached Questionnaire and return it to [**SOSA@didihirsch.org**](mailto:SOSA@didihirsch.org)for acceptance prior to the training.

The Natrona County Suicide Prevention Task Force is providing the class facilities and coordinating the training.

Cost of travel, motel and food will need to be paid for by the individual or their supporting prevention group. The training will be at the Holiday Inn – Casper East – Medical Center. They are offering rates of $101.00 per night (including breakfast). We have a block of rooms reserved. To obtain this rate you can use the following link; [**https://www.holidayinn.com/redirect?path=rates&brandCode=HI&localeCode=en&regionCode=1&hotelCode=CPRSE&checkInDate=18&checkInMonthYear=012020&checkOutDate=21&checkOutMonthYear=012020&\_PMID=99801505&GPC=SST&cn=no&viewfullsite=true**](https://www.holidayinn.com/redirect?path=rates&brandCode=HI&localeCode=en&regionCode=1&hotelCode=CPRSE&checkInDate=18&checkInMonthYear=012020&checkOutDate=21&checkOutMonthYear=012020&_PMID=99801505&GPC=SST&cn=no&viewfullsite=true) **(Group Code-SST**). Cutoff date for this price is February 4, 2020.

I have attached numerous items including;

* **Facilitator Training Questionnaire – This will need to be completed and returned to** [**SOSA@didihirsch.org**](mailto:SOSA@didihirsch.org) **for acceptance prior to being accepted for the training.**
* **Agenda**
* **Training Overview**

Please return the completed registration form to: [lancen@tribcsp.com](mailto:lancen@tribcsp.com)

Questions can also be addressed to this address or 307.258.6143 (Lance Neiberger)

**Registration Form:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_