

Gateway Youth Suicide Prevention Resources Partnership

*a Community Collaboration to Reduce the Incidence and Impact of
Suicide in the Eastern Region of Missouri*
c/o KUTO
2718 S. Brentwood Blvd.
St. Louis, MO 63144
314.963.7571



Training Opportunity

ASIST ~ Applied Suicide Intervention

Skills Training

*a two day workshop for community caregivers & gatekeepers
attendance required on both days for Certificate of Completion*

April 30 & May 1, 2014

*at Behavioral Health Response; 12647 Olive Street, STL, MO 63141
both days begin at 8:45a & end at 4:45p*

ASIST is a practical, skill based and helping strategy model to identify the immediate risk of suicide & link people to help. Learn How To:

- Recognize opportunities for helping
- Reach out & offer support
- Assess the risk of suicide
- Apply an intervention model
- Link people with community resources

Space is Limited ~ Registration Information Attached

Special Offer ~ \$59 per person*

for agencies &/or residents of St. Louis City and St. Louis, St. Charles, Franklin, Jefferson, Lincoln, and Warren counties.

All Other Attendees ~ \$159 per person*

Includes: training materials, lunches, snacks & beverages both days.

For Questions or Information contact Elizabeth Makulec

314.963.7571 or programs@KUTO.org

Workshop Reservations WILL NOT be held without receipt of both Registration Form & Fee

This workshop is underwritten by the Gateway Youth Suicide Prevention Resources Partnership in collaboration with the Missouri Department of Mental Health

**LivingWorks values this training at \$275 per person.*

Retain this page for your records

PLEASE RETURN THIS PAGE with Reservation Fee

ASIST ~ Applied Suicide Intervention Skills Training

Please check the Training dates you are registering for:

April 30 & May 1, 2014 *Reservation Deadline: April 21, 2014*
at Behavioral Health Response; 12647 Olive Street, STL, MO 63141

Name: _____
Please Print Legibly

Agency/Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Work Phone: _____ Cell/Mobile Phone: _____

Name on Name Tag: _____

Name you'd like on your ASIST Certificate: _____

Dietary considerations: _____

Primary population you work with:

Children Adolescent Adult Elderly All Ages

Other, *(please explain)* _____

Special Reservation Fee: \$59 by Check Money Order Purchase Order

All Other Attendee Reservation Fee: \$159 by Check Money Order Purchase Order

Workshop Reservations WILL NOT be held without receipt of both Registration Form & Fee

Return this Reservation Form with Reservation Fee: ***Please make Checks payable to KUTO***

KUTO
2718 S. Brentwood Blvd.
St. Louis, MO 63144
Attn: ASIST Training

*Receipt of \$59 or \$159 Reservation Fee
by Check, Money Order or Purchase Order assures attendance in the workshop.*