

The Triangle SOS Survivors of Suicide
Support Group
Raleigh, North Carolina
is pleased to sponsor:

The Annual NC Conference for
SURVIVORS OF SUICIDE

... for those who are struggling to heal after
the suicide of a loved one

Saturday, November 20, 2010
9:00am – 3:00pm

Hospice of Wake County
250 Hospice Circle
Raleigh, NC 27607



*Please bring a picture or
memento of your loved one to
place on the Memorial Table
during the conference*

Registration Fees (lunch included)

\$15 per person (for CEUs add \$20)
\$10 for each additional family member

For more information, contact:

Rich Lucia

Email: rhluca@yahoo.com

or visit www.TriangleSOS.org



**AFSP/TCSP Out of the Darkness
Community Walk at
the State Capitol in Raleigh**

Suicide Awareness & Prevention
Sunday, November 7, 2010

for more information go to

www.trianglesuicideprevention.org

Conference Program

9:00 Registration

9:30 Welcoming Remarks

9:45 Keynote Speaker

Larry Bernstein

"Hope and Healing for Survivors"

10:45 Break

11:00 Survivors Panel Discussion, Q & A

"Surviving The Suicide Of A Loved One"

12:00 Lunch

AFSP National Teleconference

1:00 Opening Remarks

Joanne Harpel, AFSP Dir. of Survivor Initiatives

to

2:30 Surviving Suicide Loss: A Panel Discussion

Lee-Ann Foster (Portland, Oregon)

Gregg Keesling (Indianapolis, Indiana)

Eric Marcus, moderator (New York, New York)

Peggy Marshall (Dallas, Texas)

Lucia Skinner (Mountain View, California)

Sidney Zisook, M.D. (San Diego, California)

Closing Remarks

Robert Gebbia, AFSP Executive Director

Joanne Harpel, AFSP Dir. of Survivor Initiatives

Alternate Activity:

1:30 Survivors Break-Out Groups

to Discussion and support for those who have

2:30 lost a Spouse, Child, Parent, Sibling,

Friend, or Client, to suicide

2:30 Break

2:45 Closing Remarks

Rich Lucia

Registration Form

Yes, I would like to attend the
Survivors Of Suicide Conference
on Saturday, November 20, 2010

Enclosed is a check for \$_____ for:

_____ Primary Guest (\$15) for CEUs add \$20

_____ Additional family members (\$10 each)

Name(s) and _____ the deceased
was:

1	
2	
3	
4	

The deceased was:

Spouse/Partner

Sibling

Child

Friend/Relative/Coworker

Parent

Client

Address of primary guest:

Phone: _____

Email: _____

Choice for lunch sandwich(s):

___ Meat ___ Turkey ___ Vegetable

Please make checks payable to "Rich Lucia"
and send (by November 18) to:

Rich Lucia

PO Box 13012
Raleigh, NC 27605
Attn: Survivors Conference