

2021 'Super Advocate' Advocacy Training

Choose one Zoom training:

- Friday, Oct. 8** 9:00am-3:30pm
- Thursday, Oct. 14** 9:00am-3:30pm
- Saturday, Oct. 23** 9:00am-3:30pm
- Monday, Oct. 25 (pt1)** 5:30pm-8:00pm*
- Tuesday, Oct. 26 (pt2)** 5:30pm-8:00pm*

* The 10/25-/10/26 evening training is one training covered in two evenings.

Cost: Free. Please register in advance. Thank you!

To register online, go to:

www.tinyurl.com/2021advocacy

This free training conducted over Zoom will offer tools and hands-on practice for advocating on issues you care about. Participants will learn how to talk to policymakers and at public meetings. The training is for people with lived experience of a disability, family members, service providers, administrators, peers, and others interested in learning:

- Tools for successful meetings with policymakers (Legislature, Councils, Assemblies)
- Refining your personal story for the most impact
- Tips for speaking on a public panel or before a public committee
- Tips for advocacy from home
- Updates on current issues

* Please scan or take a photo of this form and send to advocacy.coordinator@mhtrust.org; or call 907-465-4765; or send by mail to 431 N. Franklin St. Juneau, AK 99801. 907-465-4765. Or go to: www.alaskamentalhealthtrust.org/jointadvocacy

1. Which training do you want to attend? Fri 10/8 Thu 10/14 Sat 10/23 Mon-Tue 10/25 & 10/26

2. Name: _____

3. Phone: _____

4. Email: _____

5. Home Address:

(So we can identify your legislators)

6. Mailing Address:

(So we can send you follow-up information)

7. Do you have an affiliation with an organization? Which one(s)? _____

8. Are you interested in further engagement with disability advocacy? Please check/click all that apply:

- Receive emails during the legislative session with bill and budget status updates
- Participate in weekly teleconferences during the legislative session
- Testify before the Legislature
- Send written testimony to the Legislature
- Participate in future advocacy trainings
- Story telling practice sessions
- None
- Other:

9. Please check all the boxes that apply to YOU:

| | Substance Use Disorders | Mental Illness | Intellectual/ Developmental Disabilities | Alzheimer's Disease/ dementia | Traumatic Brain Injuries | Fetal Alcohol Spectrum Disorders | Justice Involved |
|--------------------------|-------------------------|----------------|--|-------------------------------|--------------------------|----------------------------------|------------------|
| Person with a Disability | | | | | | | |
| Family Member | | | | | | | |
| Service Provider | | | | | | | |
| Administrator | | | | | | | |

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