



ANNUAL MENTAL HEALTH AND SUBSTANCE USE DISORDER SUMMIT

Translational Neuroscience and the Intersection of
Neurological and Psychiatric Disorders

MAY 3, 2018 | NJHA Conference & Event Center, Princeton, NJ
REGISTRATION 8:30 | PROGRAM 9:30-3:30 | BREAKFAST & LUNCH INCLUDED

FEATURING...



Honorable Patrick J. Kennedy
Founder, The Kennedy Forum
Co-Founder, One Mind Author,
A Common Struggle



Honorable Patrick J. Murphy



Dr. Hussein Manji

HONORABLE PATRICK J. KENNEDY

KEYNOTE

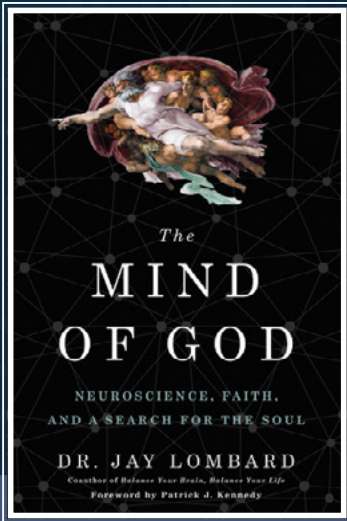
During his 16 years in the U.S. House of Representatives, Patrick J. Kennedy fought to end discrimination against mental illness, addiction and other brain diseases, particularly as the lead sponsor of the Mental Health Parity and Addiction Equity Act. He is the founder of The Kennedy Forum, a non-profit organization whose mission is to lead a national dialogue on transforming mental health and addiction, and co-founder of One-Mind, which encourages changes in how scientists collaborate to study, diagnose and treat brain diseases. Kennedy most recently served on the President's Commission on Combating Drug Addiction and the Opioid Crisis. ■

HONORABLE PATRICK J. MURPHY

America's first Iraq War veteran elected to the U.S. Congress and later the 32nd Under Secretary of the Army, until January 2017. Secretary Murphy is currently the Distinguished Chair of Innovation at the United States Military Academy at West Point, a Senior Fellow at the Association of the U.S. Army, a media executive and the Executive Chairman of Work Merit, a professional education platform that bridges the gap between corporations and higher education. ■

DR. HUSSEINI MANJI

Chief of Neuroscience Therapeutic Area at Janssen Pharmaceutical Companies of Johnson & Johnson and former Chief of Laboratory of Molecular Pathophysiology & Experimental Therapeutics at the National Institutes of Health. Dr. Manji founded and co-directed the NIH Foundation for the Advanced Education in the Sciences Graduate Course in the Neurobiology of Neuropsychiatric Illness. ■



*Participants
will receive
a copy of*

*Dr. Jay Lombard's
"The Mind of God:
Neuroscience,
Faith, and a
Search for
the Soul"*



Dr. Jay Lombard



Dr. Joseph Rempson

DR. JAY LOMBARD

Chief Scientific Officer for Genomind and an internationally-regarded neurologist. Dr. Jay Lombard is the co-founder and creator of Genomind and the Clinical Director of Neuroscience at LifeSpan Medicine. Dr. Lombard served as the Chief of Neurology at both Westchester Square Medical Center and Bronx Lebanon Hospital, and he has served as a medical consultant for Academy Award-winning directors Jonathan Demme and Martin Scorsese on Hollywood feature films. ■

DR. JOSEPH REMPSON

An expert in physical medicine and rehabilitation and Chief of the Department of Rehabilitation at Overlook Hospital, Dr. Joseph Rempson is a leader in the field of physiatry, the Medical Director and founder of the Mild Traumatic Brain Injury Center, and the Director of Stroke Rehabilitation for Atlantic Health. ■

EDU 1813 – ANNUAL MENTAL HEALTH AND SUBSTANCE USE DISORDER SUMMIT | May 3, 2018

FEES: Member:.....\$75.00
 Non-member: \$125.00
 Cancellation after April 20: \$35.00

LOCATION: NJHA CONFERENCE AND EVENT CENTER
 760 Alexander Road, Princeton, NJ 08540

DIRECTIONS: www.njha.com/directions.aspx

PAYING BY CHECK

Please fax your registration form prior to mailing with your payment. A copy of the registration must accompany your check in order to allocate your payment properly.

FAX: 609-275-4271

MAKE CHECK PAYABLE TO: HRET

MAIL TO: HRET – P.O. Box 828709 –
 Philadelphia, PA 19182-8691

- For registration inquiries, please contact HRET at: HRETEducation@njha.com or 609-275-4181
- If special accommodations are necessary, please call 609-275-4181
- In the event of inclement weather, call 609-275-4140 before coming to the conference

REGISTRATION

NAME _____

DESIGNATION/CREDENTIALS _____

JOB TITLE _____

PHONE _____

E-MAIL _____

ORGANIZATION _____

ORGANIZATION ADDRESS _____

CITY STATE ZIP _____

METHOD OF PAYMENT: Check Credit Card

Payment Amount: \$ _____

CARDHOLDER NAME _____

CARD# EXPIRATION DATE _____

SIGNATURE _____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE) _____

LINK FOR REGISTRATION PAGE:

<http://www.njha.com/Education/Brochure/?id=1891>