

## Featured Presentations:

- Sexual Assault – Forensic & Clinical Management
- Vagina Monologues
- Engaging Men to end Violence Against Women

## Workshops:

- Working with Families of Sexually Abused Children
- Developing Support Groups for Adolescent Girls
- Human Trafficking: Sex Slavery
- Immigrant Community Services
- Hip Hop and its Exploitation of Women of Color
- Sexual Assault in the Prison System
- Technology and Sexual Violence
- Medical Issues for Sexual Assault Survivors
- Investigating SA Involving Victims with High Risk Life Styles.

Sponsored by:  
MS Coalition Against Sexual Assault  
and  
Mississippi Division of Public Safety Planning

MCASA  
Post Office Box 4172  
Jackson, MS 39296  
Phone (601) 948-0555  
Fax (601) 948-0525



# EMPOWERING VOICES for VICTIMS

*SEXUAL ASSAULT TRAINING*

**August 24 – 26, 2008  
Pearl River Resort  
Golden Moon  
Highway 16 West  
Choctaw, MS 39350**

# Empowering Voices for Victims

## Preliminary Program Schedule

### Sunday, August 24, 2008

Registration 4:00 – 6:00 p.m.

### Monday, August 25, 2008

Breakfast 7:00 – 8:30 a.m.  
Registration 8:00 – 12:00 p.m.  
**Opening Session** 9:00 – 10:30 a.m.  
Concurrent Sessions 10:45 – 12:00 p.m.  
**Luncheon Plenary** 12:00 – 1:30 p.m.  
Concurrent Sessions 1:45 – 3:00 p.m.  
Concurrent Sessions 3:15 – 4:30 p.m.

### Tuesday, August 26, 2008

Breakfast 7:00 – 8:30 a.m.  
Closing Plenary 9:00 – 11:00 a.m.

**Mail Registration Form by  
August 8, 2008 along with a  
check or money order for \$20  
payable to:**

**MCASA  
Empowering Voices  
for Victims  
Post Office Box 4172  
Jackson, MS 39296**

**601-948-0555  
601-948-0525 Fax**

## REGISTRATION FEE: \$20

- Accommodations: Pearl River Resort Golden Moon, Hwy 16W, Choctaw, MS
- For Reservations call: 1-866-44-PEARL
- Group Code: MISHO8K
- Rate: \$84.53 including tax
- Credit Card or \$50 cash deposit required at Check-in for incidentals
- All Hotel Room Request must be made by 12:00 a.m., Sunday August 3, 2008
- No on-site Registration

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

Agency: \_\_\_\_\_

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_