

ACTION OHIO presents

# 8<sup>th</sup> Annual An Empty Place at the Table™

Tuesday, October 20, 2009  
In the Atrium at the Statehouse



## **Memorial Exhibit (9:30 A.M. – 3 P.M.)** **Place Settings of Ohio DV Homicide Victims** **Free admission**

The exhibit demonstrates the devastating results of violence against women and children and helps ensure that these victims are not forgotten. In a most poignant and visual manner, the exhibit reveals how domestic violence undeniably leaves an empty place at the table.

Free programs start at 12 noon

## **Keynote Speaker (12 Noon - 1 P.M.)**

Judi Poli, Survivor & Author of *“Memories of Every Season: A Young Woman's Struggle to Overcome Abuse”*

## **Public Policy Briefing (1:15 – 2:30 P.M.)**

Michael Smalz, Ohio Poverty Law Center  
Courtney Combs, Dennis Murray & Brian Williams  
State Representatives

## **Special Morning Workshop (10:00 – 11:45 A.M.) \$10 per person**

Walk-ins welcome (Students free with Student I.D. Card)

### **Connection between Animal Cruelty & Human Violence**

Featuring Dr. Daniel Davis, Psychologist & Denise Youngsteadt-Parrish, Capital Area Humane Society

#### **CEUS**

Application pending for CEUs for Counselors, Social Workers & Marriage & Family Therapists.

#### **LUNCH AVAILABLE**

Box Lunches available for \$12 each.  
Orders must be placed by Friday, October 16.

#### **National DV Awareness Month**

Purple light bulbs to highlight DV Month will be on sale. \$1 per bulb

**R.S.V.P.** to ACTION OHIO by 10/16 (if purchasing lunch) \_\_\_\_\_

E-mail [actionohio@sbcglobal.net](mailto:actionohio@sbcglobal.net) | Call 614 825-0551 or Toll Free 888 622-9315 | Fax 614 825-0673

Mail to 5900 Roche Dr., Ste. 445, Columbus OH 43229-3285

Name \_\_\_\_\_ Phone/Fax/E-mail \_\_\_\_\_

#### **Program/s you will attend:**

AM Workshop (\$10 per person or free with Student ID)       Noontime Program (Free)       PM Public Policy Briefing (Free)

**Lunch**       No       Yes (\$12 per person)

(Choice:  Turkey BLT Wrap  Vegetarian Wrap  Chicken Salad Croissant  Ham & Cheese Croissant)

#### **Payment (if applicable):**

Check (Please make check available to, ACTION OHIO.)      Total \$ \_\_\_\_\_

Credit/Debit (VSIA | MasterCard | Discover)      Total \$ \_\_\_\_\_

Cardholder \_\_\_\_\_ Card# \_\_\_\_\_

Exp. \_\_\_\_/\_\_\_\_/\_\_\_\_ Cardholder Zip code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Invoice (For organization only) Organization \_\_\_\_\_ Address \_\_\_\_\_