NAMI Smarts for Advocacy is a hands-on advocacy training program that helps people living with mental illness, friends and family transform their passion and lived experience into skillful grassroots advocacy.

NAMI Smarts for Advocacy is designed as a series of three 1-2 hour workshops or modules or as a single full-day training that develop the following skills:

- Telling a compelling story that is inspiring and makes an “ask” in 90 seconds
- Writing an effective email, making an elevator speech and making an impactful phone call
- Orchestrating a successful meeting with an elected official

The unique step-by-step, skill-building design of NAMI Smarts is effective with a wide range of participants, including those who are new to advocacy as well as individuals with years of experience.

Participants routinely share that they’ve never been able to condense their story or made a clear “ask,” but with NAMI Smarts, they are now able to.

Lobbyists who represent NAMI State Organizations or mental health coalitions also love this program—they see participants come out confident and able to share their story in a way that moves policymakers.

**Sign Up For A Training**

Find the NAMI Smarts for Advocacy training nearest to you. If you do not see one listed near you, contact your local NAMI to find out when they are hosting their next training. If they don’t have one planned, ask them to plan one!
YES! I want my story to help make a difference.

I give permission for my **written story** to be used by NAMI in support of its mission under the following conditions (initial in box):

- [ ] You may use my written story with my full name.
- [ ] You may use my written story with my first name only.
- [ ] You may use my written story without my name or a pseudonym.
- [ ] You may use my written story only after contacting me and receiving my permission.

I give permission for **video of my story** (if applicable) to be used by NAMI in support of its mission (initial in box):

- [ ] You may use video of my story.
- [ ] You may use video of my story only after contacting me and receiving my permission.

Name __________________________________________

Signature ________________________________________ Date ____________

Email ____________________________________________

Phone ____________________________________________