

**IMPORTANT TRAINING FLYER
PLEASE DISTRIBUTE TO YOUR STAFF**

Special Incident Reporting

When:

Thursday
October 18, 2018

Time:

9:30 a.m.-11:30 a.m.

Where:

ELARC Boardroom
1000 S. Fremont Ave
Alhambra, CA 91802

Cost:

\$25

Presented by

Albert Guzman,
SIR Coordinator

HIGHLIGHTS:

Special Incident Reporting
Requirements

Learn:

- ◆ When to report
- ◆ Appropriate reporting requirements
- ◆ Pertinent information to include in reports

A training certificate will be issued. Participants must arrive punctually, but no more than 20 minutes late and attend the entire session to ensure receipt of a training certificate. Training certificates will be given at the end of the training session.

- ◆ If you are more than 20 minutes late you will be allowed to enter but a certificate of completion will not be provided.
- ◆ Please RSVP as soon as possible as seating is limited to 30 people, and please no more than 2 people per agency



For more information contact:
Cristina Ontiveros, Community Services Specialist
626.299.4868 or contiveros@elarc.org



Eastern Los Angeles Regional
Center
1000 S. Fremont Ave
P.O. Box 7916
Alhambra, CA 91802
626.299.4700



REGISTRATION FORM

To register, please complete the following form

Registration fee is \$25 per person

Send Registration Form and make check
payable to:

ELARC

P.O. Box 7916

Alhambra, CA 91802-7916

Attention:

Christina Razo, crazo@elarc.org

***Checks Payable to ELARC only will be accepted. Please RSVP as soon as possible as seating is limited to 30 people. NO refunds except in case class is cancelled or check is received after class is sold out (checks will be returned un-cashed) Registrations are transferable to another staff person, but not to future training sessions.**

***RSVP's are limited to 2 staff per agency.**

Special Incident Reporting

Thursday, October 18, 2018

◆ E-mail is required for registration confirmation

Time and Location:

9:30-11:30 a.m.

ELARC Boardroom

1000 S. Fremont Ave

Alhambra, CA 91802

Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ E-mail: _____