

# MEDICATIONS:

## PURPOSES, INTERACTIONS & CURRENT TRENDS

Training will cover an in-depth review of medications commonly prescribed for consumers, such as anti-seizure medications and psychotropics. We strongly encourage community care facilities, day programs, SLS administrators and direct care professionals to attend this informative training. Training will be presented by members of The ELARC Clinical Team.



Tuesday  
July 10, 2018  
9:30 a.m.-12:00 p.m.  
ELARC  
Boardroom  
1000 S. Fremont Ave  
Alhambra, CA 91802  
Fee: \$30.00 per person  
*Registration form on back flyer*

### PRE-REGISTRATION REQUIRED

Submit registration form and check payable to ELARC Attention to Christina Razo. Seating is limited to 40 participants. We strongly encourage early arrival to allow for parking and registration. Training certificates will not be provided to participants arriving 20 minutes late after the scheduled **9:30 a.m.** start time. For further information, Contact Cristina Ontiveros at [contiveros@elarc.org](mailto:contiveros@elarc.org) or (626)299-4868



Eastern Los Angeles Regional Center  
1000 S. Fremont Ave  
P.O. Box 7916  
Alhambra, CA 91802-7916  
T: 626. 299.4700

# REGISTRATION FORM

*To register, please complete the following form*

Registration fee is \$30 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.**

**Class registration will not be accepted until check is received.**

**NO exceptions, NO Walk-ins. 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 person from the same agency, but not future training sessions.**

## Medications

**Tuesday, July 10, 2018**

**Time and Location:**

9:30 a.m.-12:30 p.m.

ELARC Boardroom

1000 S. Fremont Ave

Alhambra, CA 91803

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

\*\*Email \_\_\_\_\_

**\*No Cash will be accepted**

**\*\*Must provide e-mail address. Confirmations will be sent via e-mail**