



2 Day Introduction to Person Centered Thinking

September 2018

Dates

2 day Training :

September 4, 2018

September 5, 2018

Participants must attend
both days to receive a
certificate

Time & Location

9:30am-4:00 pm

***1000 S. Fremont Ave
Alhambra, CA 91803***

ELARC Boardroom

FEE

\$50.00 per session

PRESENTED BY:

Liz Rodgers,

Autism Specialist and PCP Trainer

- **Participants will develop skills in person centered thinking through a series of discussions, applied stories, and guided activities.**

- **Vendors completing this training will be noted as a vendor who practices Person Centered Planning approaches**

PRE-REGISTRATION REQUIRED

Seating is limited to 25 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. There will be a 1 hr. lunch break on your own. There is a local food court within walking distance as well as areas where you can have your lunch. For further information, contact **Liz Rodgers** at lrodgers@elarc.org .



REGISTRATION FORM

To register, please complete the following form

Registration fee is \$50 per person*

Send Registration Form and make check

payable to:

ELARC

P.O. Box 7916

Alhambra, CA 91802-7916

Attn: Elisa Salazar

****Checks Payable to ELARC only will be accepted.**

Registration will not be accepted upon receipt of check.

Please RSVP as soon as possible as seating is limited to 25 people.

No walk-ins, refunds or exceptions will be made other than 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.

Person Centered Thinking

September 4, and 5, 2018

Time and Location:

9:30 a.m.-4:00 p.m.

ELARC Boardroom

1000 S. Fremont Ave

Alhambra, CA 91803

Please indicate the name and contact information of the person attending the training

Name(s) : _____

Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone of attendee: _____