



IMPORTANT TRAINING FLYER PLEASE DISTRIBUTE TO YOUR STAFF

# Special Incident Reporting

**When:**

Wednesday  
May 22, 2019



**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 no more than 2 people per agency are allowed.



For more information contact:  
Maribel Garcia, Community Services Specialist  
626 299-4868 or [margarcia@elarc.org](mailto:margarcia@elarc.org)



# 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

Wednesday, May 22, 2019

◆ **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: \_\_\_\_\_