



2 Day Introduction to Person Centered Thinking

August 2020

Dates

2 day Training :

August 25, 2020

August 26, 2020

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 person
(Includes Both Days)***

PRESENTED BY:

Liz Rodgers,

**Autism Specialist &
Certified PCT Mentor 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 **Elisa Salazar** at esalazar@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 Pena-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

August 25, and 26, 2020

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: _____

**Email: _____

***No Cash will be accepted**

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