

2 Day Introduction to Person Centered Thinking

(Virtual via Zoom)

Dates

2 day Training : September 14, 2020 September 15, 2020

Participants must attend both days and provide completed skills to trainer in order to receive a certificate

Time & Location

9:30am-4:00 pm (both days)

2 day training will be held remotely via Zoom

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 15 participants. The virtual training will be conducted via Zoom. This is an interactive training. Therefore, we ask that registrants participate via laptop or technology that allows for full participation with video camera and microphones on in order to create an environment that enables group work and discussion. The training will also require completion of skills to be turned into the trainer prior to receiving a certificate of attendance.



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 15 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 14, and 15, 2020

Time and Location: 9:30 a.m.-4:00 p.m.

Zoom

* Zoom Link will be provided upon receipt of payment and confirmation of Registration

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