

**HANDLE WITH CARE**  
**“INSTRUCTOR &/ RE-CERTIFICATION PROGRAM”**  
**KINGSPORT, TN**

*Helping to create and maintain safer, more caring environments by teaching preventative actions that result in decreased need for physical restraint.*

<b>When:</b>	<b>OCT. 26 - 28, 2020</b>	<b>9:00 AM - 5:00 PM</b>
<b>Training:</b>	<b>Kingsport City Schools Admin. Support Center</b> <b>400 Clinchfield Street, Suite 200</b> <b>Kingsport, TN 37660 - TN Room, 3<sup>rd</sup> Floor</b>	
<b>Lodging:</b>	Comfort Suites 3005 Bay Meadow Place Kingsport, TN 37660 TEL: (423) 765-1955	
<b>NO ROOM BLOCK RESERVED</b>		
<b>Cost:</b>	<b>\$1250.00 per participant</b>	
<b>PROMO:</b>	<b>25% Off (\$937.50) Per Person When Registering For The Full Program</b>	

**This seminar will cover:**

- **Comprehensive Verbal Skills Workshop:** HWC's Verbal De-escalation Training focuses on understanding the cycle of tension/relaxation and calibrating the intervention based on the student's needs and where the student is on the cycle. HWC also teaches a self-awareness model where staff is taught to monitor and control their reactions to provide better care and develop the ability to defuse situations through their own behavior and responses. The program then puts theory into practice in the form of role- plays. Physical Skills Training: Personal defense, use of personal space and blocking techniques
- **Personal Defense:** Includes the use of personal space, escapes, blocking techniques and 3rd person save methods. HWC is the only technology in the industry that teaches you how to protect both yourself and another person/student from harm.
- **Primary Restraint Technique®.** The PRT® is versatile, effective, painless, safe and easy to apply. Staff is positioned in the safest place possible; behind the student. The PRT conveys an immediate reassuring sense of limits and is very effective with autistic students.
- **Early Childhood: Pre-School and Early Elementary School Program.** HWC has been training nursery and preschool teachers and psychiatric hospitals serving children as young as three for decades. Go to our web site for more information on our nursery and pre-school program including our proprietary child holding method.

**This is an Instructor &/ Re-Certification Program. Participants who successfully complete this 3-day course will be certified to teach the Basic Handle With Care Program when they return to the facility. Enrollment is limited. Slots will fill fast.**

**To enroll or request additional information call:  
Seminar Administrator: (845) 255-4031 / Fax: (845) 256-0094**

**Go To: [www.HandleWithCare.com](http://www.HandleWithCare.com)**

**HANDLE WITH CARE**  
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**KINGSPORT, TN - REGISTRATION FORM**

Please Fax completed Form to: Seminar Administrator @ 845-256-0094

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Participant/  
Name(s): \_\_\_\_\_

\_\_\_\_\_ Cell or Dir.# \_\_\_\_\_

\_\_\_\_\_ Cell or Dir.# \_\_\_\_\_

\_\_\_\_\_ Wish to reserve the following slots:

Name of Agency	# of Slots	Cost
Day 1 – Basic Verbal Training	_____	\$400/person
Day 2 – Basic Physical Training	_____	\$400/person
Day 3 – Instructor / Re-Certification	_____	\$450/person

Payment should be made payable to: **Handle With Care Behavior Management System EIN 14-1803426 at 184 McKinstry Road, Gardiner, NY 12525**, Tel: 845-255-4031.

I hereby represent that I am authorized to submit this Registration form on behalf of my agency. By registering, my agency is obligating payment for the above-registered people. Contractual terms associated with this training are incorporated herein and can be viewed on our web site: [www.handlewithcare.com](http://www.handlewithcare.com). To receive a refund you must cancel 30 days before the scheduled training. If registered people are unable to attend due to sickness, weather or any other emergency or act of god a credit will be given for that person to attend another Handle With Care Seminar.

\_\_\_\_\_  
Signature of authorized agency agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name, Title