**HANDLE WITH CARE**

**“VERBAL PROGRAM”**

**PHOENIX, AZ**

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

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| --- | --- |
| **When:** | **OCT. 29, 2019 8:00 AM – 4:00 PM** |
| **Training** **&****Lodging:** | **Hampton Inn Phoenix – Biltmore****2310 East Highland Avenue****Phoenix, AZ 85016****TEL: (602) 956-5221** |
| **NO ROOM BLOCK RESERVED**  |
| **Cost:** | **PER CONTRACT** |

#### **This seminar will cover**:

* **Comprehensive Verbal Skills Workshop**: Handle With Care’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.

**This is a Verbal Program.**

**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)

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| **HANDLE WITH CARE – “VERBAL PROGRAM”** **PHOENIX, AZ - 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

Days # of Slots Cost

VERBAL PROGRAM ONLY PER CONTRACT

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. Payment can also be made at the time of training.

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