



Home Health Aides  
Nurse Assistants  
Personal Care Assistants  
Immediate Supervisors of Front-line Staff

# It Is About You!

**A half-day seminar for front-line staff from home health agencies, assisted living and adult care facilities and nursing homes.**

**PLEASE FAX OR MAIL IN YOUR REGISTRATION EARLY. *Space is limited***

**WHEN:** June 29, 2010

**WHERE:** The Carondelet Hospitality Center  
385 Watervliet-Shaker Road  
Latham, NY 12110

*Registration is first-come, first-served.*

**REGISTRATION FEE:**  
\$10 per person

## **Registration Check-in: Noon**

Buffet Lunch: Noon – 1:00 p.m.

### **First presentation: 1:00 p.m. – 2:45 p.m.**

Topic: **YOUR DAY:** Dealing with challenging families, setting boundaries with residents and patients, and learning how to adapt in these changing times.

*Presenter: Francis Battisti, MSW, CEO, Battisti Network, Binghamton, NY*

### **Break: 2:45 p.m.– 3:00 p.m.**

### **Second presentation: 3:00 p.m.– 4:00 p.m.**

Topic: **IF ALL ELSE FAILS, HUG'EM!** The future belongs to those organizations where positive, purposeful and empathetic relationships define the quality of care for our residents. What inspires, enlivens and ignites our passions? Attend and see how the mysteries and science of human motivation are revealed through mass audience experimentation. Expect real tools and real hijinx!

*Presenter: Christopher Ridenhour, Director of Core Competency Training, Liberty Lutheran Services, Philadelphia, PA*

## **Program concludes: 4:00 p.m.**

*Produced by*  
**ALBANY GUARDIAN SOCIETY**  
in cooperation with the  
FOUNDATION FOR LONG TERM CARE (FLTC),  
the educational affiliate of the  
New York Association of Homes & Services for the Aging  
(NYAHSa)



# It Is About You!

June 29, 2010

*A half-day seminar for front-line staff from home health agencies,  
assisted living and adult care facilities, and nursing homes.*

## REGISTRATION FORM

*(Use a separate registration form for each attendee.)*

Name \_\_\_\_\_ Title \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Facility contact person: \_\_\_\_\_

E-mail of contact: \_\_\_\_\_

Please check here if you are disabled and/or need special services to attend this meeting.

Services required: \_\_\_\_\_

Special meal request: If not specified, a regular meal will be served.

Vegetarian

Kosher (a frozen meal will be served)

**REGISTRATION FEE:** \$10 per person

Please fax registration form(s) to 518-434-4385 attn: Mark Klender

### **PAYMENT:**

Makes checks payable to FLTC

Return to FLTC, attn: Mark Klender, 150 State Street, Suite 301, Albany, NY 12207-1698

Phone: 518-449-7873

**REGISTRATION CHECK-IN:** Noon

### **CERTIFICATE OF ATTENDANCE**

All attendees will receive a Certificate of Attendance at the conclusion of the program.

*Produced by*

**ALBANY GUARDIAN SOCIETY** in cooperation with the FOUNDATION FOR LONG TERM CARE (FLTC),  
the educational affiliate of the New York Association of Homes & Services for the Aging (NYAHSa)