

Why Won't My Kid LISTEN to Me?



Sunday, March 6, 2016

9:00 a.m. — 1:00 p.m.

PWCF Offices

514 N. Prospect Avenue, Redondo Beach, CA
Meeting Room on Lower Level / Basement Floor

Light Lunch Provided for Training Registrants

Limited Childcare Available \$10 with RSVP 310-372-5053

LUNCH NOT PROVIDED TO CHILDCARE PARTICIPANTS

Parents, please pack your child's healthy lunch and beverage

No matter what the age of your child or adult with PWS, this Parent Conference will give you strategies to reduce unwanted behaviors and improve the quality of your relationship with your child or adult with PWS.

Learn Effective Ways To:

- Reduce Unwanted Behavior Outbursts!
- Reduce Oppositional Behaviors & Power Struggles!
- Learn Strategies to Address Excessive Talking, Repeated Questions, and Reduce Skin Picking!
- Reduce Food-Related Battles!
- Increase Cooperation!
- Role Play Opportunities!

Bring Your Babysitter, Teachers & Aides, Residential Providers, Day Program staff, or Vocational Employer!

About the Presenter

Lisa Graziano, M.A., LMFT is the Executive Director of the Prader-Willi California Foundation. Ms. Graziano holds a masters in Clinical Psychology with an Emphasis on Marriage, Family and Child Counseling, and is a Licensed Marriage and Family Therapist. She presents on a variety of aspects of PWS at conferences throughout the country including behavior management, marital and family issues, stress management, and provides PWS training in residential and school settings. Lisa is the proud parent of a teenage son who has PWS.

Prader-Willi Syndrome Behavior Management Parent Conference

Register by Phone, Online, Fax or Mail

PWCF Members \$40 | Non-Members \$50 | Childcare \$10

☎ 310-372-5053 | www.pwcf.org | 📠 Fax 310-372-4329 | ✉ Mail see below

Name(s) _____

Number Registrants Attending _____ Registrant(s) is/are:
 Parent Extended Family Babysitter Friend Teacher
 Residential Provider Vocational/Day Program Provider Regional Center
 Other _____

Address _____ Phone _____

City _____ Zip _____ Email _____

Facility/Company Name (if applicable) _____

Childcare Name(s) _____ Age(s) _____

Amount Enclosed/To Be Charged: \$ _____ Check made payable to PWCF
 Credit Card

Name on Card _____ Signature _____

Card No. _____

Expiration Date _____ Security Code _____
(on back of card)

Email _____

Billing Address _____
(if different from address above)

✉ **Mail or Fax Form to:**

Prader-Willi California Foundation
514 N. Prospect Avenue, Suite 110-Lower Level
Redondo Beach, CA 90277
Fax 310-372-4329



Sponsored by the Prader-Willi California Foundation
310-372-5053 | info@pwcf.org | www.pwcf.org

Regional Center Vendor #PH1837