



**Prader-Willi
California Foundation**

Supporting People with Prader-Willi Syndrome

**Start the New Year RIGHT!
Attend a Conference Near YOU!**

Whatever the age of
your loved one with PWS
this conference will help you
reduce unwanted behavior

*Pssst...even children without PWS will benefit
from the strategies you'll learn!*

PWS Behavior Management

Proven Strategies for Childhood through Adulthood

Sunday, February 24, 2019 | Northern California

El Macero Country Club | 44571 Clubhouse Dr., El Macero | 9am-2:30pm

Wednesday, March 13, 2019 | Southern California

Beach Cities Health District | 514 N. Prospect Ave., Redondo Beach | 9am-2:00pm

Sunday, March 24, 2019 | Southern California

Beach Cities Hlth District | 514 N. Prospect Ave., Redondo Bch | 10:30am-4:00pm

Learn Effective Ways To:

- **Reduce Food-Related Battles!**
- **Reduce Behavior Outbursts!**
- **Reduce Oppositional Behavior!**
- **Reduce Skin Picking!**
- **Reduce Repeated Questions!**
- **Increase Cooperation!**

Also helpful for **Extended Family, Babysitters,
Teachers, Aides, and all Professionals**

Sorry, childcare is not provided. | Parking is free.
Lunch on your own. List of nearby restaurants will be provided.

Presented by Lisa Graziano, M.A., LMFT

PWS specialist, former executive director of PWCF,
and parent of an amazing 20 year old with PWS

Questions? Contact PWCF at 310-372-5053 or email
Lisa at LisaG@pwcf.org

Registration Form

Register by mail or online at www.PWCF.org

PWCF Member \$50 | Member Couple \$80 | Non-Member \$75

Ask your Regional Center to pay for this conference: Vendor #PH 1837

- Sunday, February 24 | Northern California**
- Wednesday, March 13 | Southern California**
- Sunday, March 24 | Southern California**

Name(s) _____

Number of People _____ Phone _____

Company Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Email _____

Total \$ _____ Check payable to PWCF | Credit Card

Name on Card _____

Signature _____

Card No. _____

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

Billing Address _____
(if different from address above)

Mail or Fax Form to:

Prader-Willi California Foundation
1855 First Avenue, Suite 201
San Diego, CA 92101
Fax: 310-372-4329

Office Use Only

Date Rcvd: _____

Amount: \$ _____

Check #: _____

CC: _____

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