



**Prader-Willi  
California Foundation**

*Supporting People with Prader-Willi Syndrome*

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!*

*What do attendees say about this conference? Such an  
informative presentation. | Fantastic! One of the  
best I've attended!!! | Spectacular program. | This  
was awesome! Just what I was needing. Thank you.*

# PWS Behavior Management

## *Proven Strategies for*

# Childhood through Adulthood

**Sunday, September 8, 2019 | San Diego, CA**

1855 First Avenue, Suite 100, San Diego | 10:00am-3:00pm

**Sunday, September 15, 2019 | Millbrae, CA**

Green Hills Country Club, 500 Ludeman Ln., Millbrae | 10:00am-3:00pm

Learn Effective Ways To:

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

Bring your **Extended Family, Babysitters, Teachers, Aides... every Professional on your team!**

**Presented by Lisa Graziano, M.A., LMFT**

PWS specialist, former executive director of PWCF, and the parent of a 20 year old with PWS.

Sorry, childcare is not provided. Parking is free at both locations. Lunch is on your own; list of nearby restaurants will be provided.

**Questions?** Contact PWCF at 310-372-5053 or email

Lisa at [LisaG@pwcf.org](mailto:LisaG@pwcf.org)



## Registration Form

*Register by mail or online at [www.PWCF.org](http://www.PWCF.org)*

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

*Ask your Regional Center to pay for this conference: Vendor #PY1583*

- Sunday, September 8 | San Diego**  
 **Sunday, September 15 | Millbrae/San Francisco**

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: \_\_\_\_\_

Xcel  QB