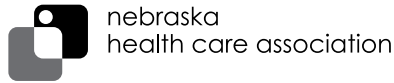




3900 NW 12th St Ste 100
Lincoln NE 68521



advocate. educate. support.

CLOSE ENCOUNTERS OF THE DIFFICULT KIND: Dealing with Challenging People

NHCA/NALA 2012 District Education – Winter Round

All Dates and Locations Sponsored by Health Care Information Systems & Medi-Bill Systems

NORFOLK
JANUARY 10, 2012
Lifelong Learning Center
Northeast Community College
601 East Benjamin Avenue
800-348-9033 ext 7335

LINCOLN
JANUARY 11, 2012
Country Inn & Suites
5353 North 27th Street
402-476-5353

OMAHA
JANUARY 12, 2012
The Georgetowne Club
2440 South 141st Circle
402-334-5446

GERING
JANUARY 24, 2012
Gering Civic Center
1050 M Street
800-998-8921

NORTH PLATTE
JANUARY 25, 2012
Quality Inn & Suites
2102 South Jeffers
308-532-9090

KEARNEY
JANUARY 26, 2012
Younes Conference Center
416 Tallmadge Road
308-234-2212

PROGRAM CONTENT

The ability to live and work with all types of people in all types of situations is a reflection of high emotional quotient (EQ.). This type of skill and sensitivity builds trust and promotes positive relationships. This upbeat session will look at relationships between/among men and women, generations, and roles.

PROGRAM OBJECTIVES

- At the completion of the program, participants will be able to:
1. Explore areas of emotional quotient on an individual basis;
 2. Discuss common areas of difference that can lead to misunderstandings;
 3. Acknowledge that “different” does not equal “difficult;”
 4. Use communication, positive anchoring, and diffusion techniques to calm others;
 5. Identify and handle potentially difficult and angry individuals;
 6. Establish rapport better, quicker, and with greater confidence; and
 7. Maintain a positive attitude and minimize stress through trying times and around “challenging” people at home or at work.

Please bring a sweater or jacket to ensure comfort at the program.

AGENDA

The following agenda will be used at all locations:

- 9:00 am - 10:00 am..... NALA District Meeting (NALA Members Only)
- 9:45 am - 10:15 am..... Registration (for education program)
- 10:15 am - 12:15 pm..... Education Program
- 12:15 pm - 1:00 pm..... Lunch (included)
- 1:00 pm - 2:00 pm..... Education Program, continued
- 2:15 pm - 3:15 pm..... NHCA District/Section Meetings (AD, NU, AC, DI, SS) (NHCA Members Only)

AUDIENCE

This program is appropriate for all in nursing facilities and assisted living facilities.

SPEAKER

Sue Schlichtemeier-Nutzman, Ph.D.

Sue Schlichtemeier-Nutzman, Ph.D., from Nehawka, Neb., is a professor and consultant in the areas of leadership and management.

TAPING - CELLULAR PHONES - PAGERS

Material presented at this education program is the property of the speakers or Nebraska Health Care Association/Nebraska Assisted Living Association. Therefore, taping of the program is not allowed. NHCA/NALA also asks that all cellular phones and pagers be turned off during education programs.



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CONTINUING EDUCATION CREDIT

This education program meets the continuing competency requirements of 3 hours for the renewal/reinstatement of a Nebraska Nursing Home Administrator's license as granted by the Nebraska Board of Nursing Home Administrators. This program is appropriate for the educational requirement for assisted living administrators and direct care staff. Approval has been requested from the Dietary Managers Association for 3 hours of continuing education credit for dietary managers. Approval has been requested from the American Dietetic Association for 3 hours of continuing education credit for dietitians and dietary techs. This program meets the criteria of an approved continuing education program for social work. This program meets the criteria of a peer approved continuing education program of 3 hours for nurses. This program is appropriate continuing education for activity coordinators.

Participants must stay in the program the entire time to receive full credit.

REGISTRATION RATES (PER PERSON)

	Early Registration Rate Before/On December 22	Registration Rate After December 22
Norfolk, Lincoln, Omaha:	Before/On December 22	After December 22
Gering, North Platte, Kearney:	Before/On January 9	After January 9
Member*	\$49	\$62
Non-Member	\$98	\$111
NHCA Student Member	\$25	\$38
NALA District Meeting Only	No Charge	
The NALA District Meeting starts at 9:00 am (before education). The NALA District Meeting is for NALA members only.		
NHCA District Meeting Only	No Charge	
The NHCA District Meeting starts at 2:15 pm (after education). The NHCA District Meeting is for NHCA members only.		

*Member rates apply to NHCA, NALA, LPNAN, and NHPCA members.

Registration includes lunch and handout materials.

All NHCA/NALA Personal Associate Members, Student Members, and Business Associate Members; NHPCA members; LPNAN members; and non-members – fees must be paid in advance and must accompany the registration form.

REGISTRATION INFORMATION

Pre-registration is encouraged. Registration at the door will be accepted only if space permits.

Registrants are billed as soon as a registration is received by NHCA/NALA. If an invoice is not received within three business days, please call 402-435-3551 to confirm that the registration was received by the NHCA/NALA office.

Substitutions are accepted until the event begins. Substitutions are not possible once the event has started.

If attendance at an education event is interrupted by a State survey or inspection, a registration refund can be issued for the unused portion of the event. If you are unable to attend an event because of survey or inspection, a full refund can be issued. Written requests for refunds due to survey/inspection and written proof of the survey/inspection are required within 30 days of the education event's start date.

CANCELLATIONS – There will be NO REFUNDS for cancellations received in the NHCA/NALA office after the following dates: January 5 for the January 10 program; January 6 for the January 11 program; January 9 for the January 12 program; January 19 for the January 24 program; January 20 for the January 25 program; and January 23 for the January 26 program, except in the case of a death in the registrant's immediate family – mother, father, husband, wife, brother, sister, or child.

REFUNDS – Registration fees will be credited/refunded MINUS A \$10 PER PERSON SERVICE CHARGE for cancellations received in the NHCA/NALA office by the close of business on or before the above cancellation dates.

TAX DEDUCTION FOR EDUCATION EXPENSE: Treasury Regulation §1.162-5 Coughlin vs. Commissioner, 203 F.2d 307, permits an income tax deduction for education expenses (registration fees and cost of travel, meals and lodging) undertaken to: (1) maintain or improve skills required in one's employment or other trade or business or (2) meet express requirements of an employer or a law imposed as a condition to retention of employment, job status, or rate of compensation.

REGISTRATION FORM

CLOSE ENCOUNTERS OF THE DIFFICULT KIND – NHCA/NALA 2012 District Education – Winter Round

REGISTER BY MAIL, FAX, PHONE, OR ONLINE

NHCA/NALA, 3900 NW 12th St Ste 100, Lincoln NE 68521-3037 • Fax 402-475-6289 • Phone 402-435-3551 • www.nehca.org

Check the box for the location registrants will be attending:

NORFOLK JANUARY 10
 LINCOLN JANUARY 11
 OMAHA JANUARY 12
 GERING JANUARY 24
 NORTH PLATTE JANUARY 25
 KEARNEY JANUARY 26

Facility _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Check Nursing Facility
or Assisted Living

NF AL

Name _____ Title _____ \$ _____

E-mail _____

Name _____ Title _____ \$ _____

E-mail _____

Name _____ Title _____ \$ _____

E-mail _____

To register more than three people, please duplicate this form as necessary!

Total Amount \$ _____

Membership Status: Member Non-Member

Billing Information: Check Enclosed Cash

Credit Card Bill



If you have a disability that requires special needs, please attach a written description of your needs.

If you wish a vegetarian meal or have other dietary restrictions, make a notation by your name.

Register by Mail, Fax, Phone, or Online!
Take Advantage of Early Registration Rates!

Cardholder's Name (PRINT) _____

Credit Card # _____

Security Code # on Card Back _____ Expiration Date _____

Cardholder's Billing Address, City, State, Zip _____

Cardholder's E-mail _____

Signature: _____

Your signature on the line above will authorize this transaction. ↑