

## **Sexual Harassment and Ethics in the Workplace**

March 5, 2018 | NJHA Conference and Event Center, 760 Alexander Rd., Princeton, N.J. 08540

**Registration** | 9 a.m.

**Fee** | Member: \$25

**Program** | 9:30 a.m. - 12:30 p.m.

Non-member: \$75

**Seminar** | EDU 1836

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### **OVERVIEW:**

This half-day program, *Sexual Harassment and Ethics in the Workplace*, presented by Robyn L. Aversa, Esq. of Jackson Lewis, P.C. will address the following:

- Implications of the “MeToo” Movement
- Professional responsibility and ethics in responding to and investigating sexual harassment claims
- Confidentiality and the duty to report
- Stamping out institutional cultures of harassment
- What can you do to prevent claims?

### **FACULTY:**

***Robyn L. Aversa, Esq., Jackson Lewis, P.C.***

Ms. Aversa defends employers in employment discrimination litigation before state and federal courts and agencies involving ERISA, race, gender, handicap and national origin discrimination and sexual harassment claims. She has extensive experience in counseling employers with respect to personnel in preparing alternative disputes resolution programs and in representing employers in such proceedings, including arbitrations and mediation of employee claims.

### **TARGET AUDIENCE:**

Attorneys, CEOs, compliance officers, human resources and ethics committee members and managers.

**CONTINUING EDUCATION CREDITS:**

**Continuing Legal Education Statement:**

This program has been approved by the Board of Continuing Legal Education of the Supreme Court of New Jersey for **3.3** hours of total CLE credits. Of these, **2.7** qualify as hours of credits for ethics/professionalism, and **0** qualify as hours of credit towards certification in civil trial law, criminal trial law, workers compensation law and/or matrimonial law.

**Nursing Home Administrators Licensing Board Statement:**

This continuing education program is sponsored/conducted by the Health Research and Educational Trust and is in compliance with N.J.A.C. 8:34-7.3 to provide licensed home administrator (LNHA) and certified assisted living administrator (CALA) education credits accepted by the Nursing Home Administrators Licensing Board. This education activity may only be used for continuing education credit and not to meet academic college credits.

This education activity has been approved for **2.25** LNHA/CALA credits.

**DISCLOSURE INFORMATION:** Full disclosure will be provided at the educational activity.

# **Sexual Harassment and Ethics in the Workplace**

**March 5, 2017**

## **AGENDA**

- 9 a.m.      *Registration & Networking Continental Breakfast*
- 9:30 a.m.    **Welcome and Overview**
- 9:35 a.m.    **Sexual Harassment & Ethics in the Workplace**
- 10:35 a.m.   *Break*
- 10:45 a.m.   **Sexual Harassment & Ethics in the Workplace (cont'd)**
- 12:15 p.m.   **Q/A**
- 12:30 p.m.   *Networking Lunch*

**EDU 1836 – Sexual Harassment & Ethics in the Workplace | March 5, 2018**

**FEES | NJHA Member: \$25**

**Non-member: \$75**

**Location:** NJHA Conference and Event Center  
760 Alexander Road, Princeton, NJ 08540

**Directions:** [www.njha.com/directions.aspx](http://www.njha.com/directions.aspx)

**Guarantee** your seat now by paying for your registration online with a credit card. **It's secure and easy.**

Click on the following link:

<http://hret-registration.njha.com>

**PAYING BY CHECK**

Please fax your registration form prior to mailing with your payment.

A copy of the registration must accompany your check in order to allocate your payment properly.

**FAX:** 609-275-4271

**Make check payable to:** HRET

**Mail to:** HRET – P.O. Box 828691 – Philadelphia, PA 19182-8691

- For registration inquiries, please contact HRET at: [HRETEducation@njha.com](mailto:HRETEducation@njha.com) or 609-275-4181
- If special accommodations are necessary, please call 609-275-4181
- **In the event of inclement weather, call 609-275-4140 before coming to the conference**

**Check One:** NJHA Member

**Non-member**

**REGISTRATION**

Name: \_\_\_\_\_

Designation/Credentials: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Method of Payment: Check \_\_\_\_\_ Credit Card \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ Check# \_\_\_\_\_ Card#: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV: \_\_\_\_\_ Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

