

NJHA TO HOST ADMINISTRATIVE PROFESSIONALS CONFERENCE

Thursday, April 18, 2019

NJHA Conference Center | 760 Alexander Road, Princeton, NJ

Mindfulness, Wellness and Balance Path to Resilience

Are you caught up in blunders that keep you stuck, frustrated and even emotionally drained? Join your colleagues for a day that's all about you. Be part of an interactive seminar focused on exploring the essential differences in how people think and act and how to break down tough topics with a focus on listening, teamwork and unconscious bias. The day will progress into emotional well-being, using practical strategies you can use in your everyday life to build physical, mental and emotional resilience. Round out the day with chair massages and Reiki therapy and on-site unique vendors.

Fee: \$129

8:30 a.m. REGISTRATION AND BREAKFAST

Presenters:

UNCONSCIOUS BIAS

Holly English, Esq./Partner
Nukk-Freeman & Cerra, P.C.

MENTAL HEALTH PLAYERS

Lynette Sheard, Director
Mental Health Association in New Jersey

HOW WELL DOES YOUR WHEEL TURN?

Faith McCalla, MS
New Jersey Mental Health Association

3:00 p.m. ADJOURNMENT

🌀 *Enjoy on-site vendors, chair massages and Reiki therapy* 🌀

EDU 1934 – ADMINISTRATIVE PROFESSIONALS DAY | April 18, 2019

Mindfulness, Wellness and Balance Path to Resilience

FEES: Member/Non-member: \$129

LOCATION: NJHA CONFERENCE AND EVENT CENTER | 760 Alexander Road, Princeton, NJ 08540

REGISTER NOW: <http://www.njha.com/Education/Brochure/?id=1963>

DIRECTIONS: www.njha.com/directions.aspx




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 828709 – Philadelphia, PA 19182-8691

-  For registration inquiries, please contact HRET at: 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

REGISTRATION

Name _____

Designation/Credentials _____ Job Title _____

Phone _____ E-mail _____

Organization _____

Organization Address _____

City _____ State _____ ZIP _____

METHOD OF PAYMENT: Check Credit Card Payment Amount: \$ _____

Cardholder Name _____

Card# _____ Expiration Date _____

Signature _____

Billing Address (if different from above) _____