

# FLORIDA LEAGUE OF CITIES, INC.

ADMINISTRATORS OF THE FLORIDA MUNICIPAL INSURANCE TRUST

PRESENTS THE



## WORKPLACE VIOLENCE PREVENTION AND MANAGEMENT COURSE

WEDNESDAY, NOVEMBER 10, 2010

8:00 A.M. TO 12:00 P.M.

**REGISTER TODAY!**

THIS COURSE WILL BE HELD AT THE OFFICES OF THE:

**FLORIDA LEAGUE OF CITIES, INC.  
125 EAST COLONIAL DRIVE ☐ ORLANDO, FL 32801**

THIS COURSE PROVIDES PARTICIPANTS WITH THE FOLLOWING TOOLS:

- INSTILL AWARENESS OF WORKPLACE VIOLENCE
- ASSESS ACTS OR THREATS OF VIOLENCE
- HOW TO DEAL WITH ACTS OR THREATS OF VIOLENCE APPROPRIATELY

COURSE OBJECTIVE:

- TO PREVENT VIOLENCE FROM OCCURRING BY ADDRESSING AND ANSWERING THE TOUGH "WHAT-IF" QUESTIONS POSED BY YOUR EMPLOYEES

TOPICS COVERED INCLUDE:

- |  |  |
|--|--|
| ☐ INITIAL ASSESSMENT AND SECURITY REVIEW           | ☐ INCIDENT REPORTING AND INVESTIGATION |
| ☐ DEVELOPING AN EFFECTIVE WRITTEN POLICY STATEMENT | ☐ POST-INCIDENT FOLLOW-UP              |
| ☐ DEVELOPING A WRITTEN VIOLENCE PREVENTION PLAN    | ☐ ORGANIZATIONAL RECOVERY              |
| ☐ EDUCATION AND TRAINING                           | ☐ PROGRAM EVALUATION                   |

**To REGISTER, CONTACT:**

ANITA WICK, FLORIDA LEAGUE OF CITIES, 125 EAST COLONIAL DRIVE, ORLANDO, FL 32801  
E-MAIL: [AWICK@FLCITIES.COM](mailto:AWICK@FLCITIES.COM) OR TOLL-FREE PHONE: 1-800-445-6248, EXTENSION 1734

**FMIT MEMBER: \$5.00 PER PERSON**  
**FMASH MEMBER: \$10.00 PER PERSON**  
**ALL OTHERS: \$60.00 PER PERSON**

PLEASE MAKE CHECKS PAYABLE TO: FLORIDA LEAGUE OF CITIES, INC.— CREDIT CARD PAYMENT INFO ATTACHED

**COURSE INSTRUCTOR:**

**TREVOR RESCHNY, CSP, MS, MBA**  
**SAFETY LINKS, INC., P. O. BOX 933**  
**GOtha, FL 34734**





# REGISTRATION AND PAYMENT INFORMATION

**PLEASE COMPLETE AND FORWARD WITH CHECK OR CREDIT CARD PAYMENT TO:**

**FLORIDA LEAGUE OF CITIES, INC., c/o ANITA WICK, ADMINISTRATIVE ASSISTANT, P.O. BOX 538135, ORLANDO, FL 32853-8135, EMAIL: [AWick@FLCITIES.COM](mailto:AWick@FLCITIES.COM), FAX: 407-425-9378**

NAME OF PUBLIC ENTITY			
ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON			
EMAIL ADDRESS OF CONTACT PERSON			
PHONE			
<b>WORKPLACE VIOLENCE PREVENTION AND MANAGEMENT COURSE</b> <b>WEDNESDAY, NOVEMBER 10, 2010 8:00 A.M. TO NOON—125 E. COLONIAL DR., ORL, FL 32801</b>			
PLEASE LIST NAME(S) OF PERSON(S) ATTENDING			
<b>PLEASE COMPLETE THE FOLLOWING, IF PAYING BY CREDIT CARD:</b>  AMOUNT TO BE CHARGED TO CREDIT CARD: \$ _____			

**CREDIT CARD PAYMENTS:** CIRCLE ONE:      **VISA**                      **MASTERCARD**

**CREDIT CARD NUMBER:** \_\_\_\_\_      **EXPIRATION DATE:** \_\_\_\_\_

**FOUR DIGIT SECURITY CODE** (LISTED ON BACK OF CARD) \_\_\_\_\_

**NAME AS IT APPEARS ON THE CREDIT CARD:** \_\_\_\_\_

**COMPLETE BILLING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CARDHOLDER SIGNATURE:** \_\_\_\_\_

NOTE: THE CHARGE ON YOUR CREDIT CARD STATEMENT WILL READ: FLORIDA LEAGUE OF CITIES

THIS FORM, IS INTENDED FOR WORK PREPARATION PURPOSES ONLY. NO LEGAL DEFINITE PROMISE. IF YOU ARE PROVIDING US WITH YOUR E-MAIL ADDRESS: UNDER FLORIDA LAW, E-MAIL ADDRESSES ARE PUBLIC RECORDS. IF YOU DO NOT WANT YOUR E-MAIL ADDRESS RELEASED IN RESPONSE TO A PUBLIC-RECORDS REQUEST, DO NOT SEND ELECTRONIC MAIL TO THIS ENTITY. INSTEAD, CONTACT US BY PHONE OR IN WRITING. ANY FORM OF REPRODUCTION, DISSEMINATION, COPYING, DISCLOSURE, MODIFICATION, DISTRIBUTION AND/OR PUBLICATION OF THIS FORM IS STRICTLY PROHIBITED.