***Cathy Jannarone, Esq., Linda L. Piff, Esq., John Caroli, CFP, Daniel Green, Esq., and Practical Collaborative Solutions cordially invite you to:***

***“Leading with Presence”***

***Dates:* April 19, 2016 and Date to Be Announced in Fall 2016**

**Credits: 5.0 CLE Credits and 5.0 CPE Credits**

**Cost: $550.00 per person**

***Time:***  **9:00 am-12:30 pm**

***Location:* Davison, Eastman & Munoz, P.A.**

 **100 Willow Brook Road**

 **Suite 100**

 **Freehold, New Jersey 07728**

 **(732) 462-7170**

 **Great professionals and great leaders bring more to the table than technical skills. Leadership presence empowers collaboratively trained professionals to remain calm and focused in times of conflict. Leadership presence will help make you grounded, energized, focused and a trustworthy leader.**

 **The focus of the two part seminar will be on understanding the basics of leadership presence and help you to develop these skills.**

 **The program will consist of 2 ½ hour workshops, one workshop on April 19, 2016 and another one in Fall of 2016.**

 **Valerie Brown, who led our lobbying efforts to a successful passage of the NJ Family Collaborative Law Act, will lead you to an understanding of how to advance your collaborative skills through your development of a leadership presence. Valerie Brown is a national Courage & Renewal Facilitator, an educational consultant and ICP-accredited coach of Lead Smart Coaching. Valerie left a successful twenty-one year career as an attorney and lobbyist to lead retreats and train others on mindfulness and leadership. Valerie is passionate about fostering courageous conversations that nature trustworthy relationships. In her latest book, *The Mindful School Leader: Practices to Transform Your Leadership and School*, she explores the role of mindfulness in strengthening thriving leaders and building greater understanding and peace.**

**Mail completed registration form along with a check or credit card authorization made payable to “Practical Collaborative Solutions, LLC” to:**

Linda L. Piff, Esq.

1540 Highway 138, Suite 203

Wall, NJ 07719

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For more information contact Linda L. Piff, Esq. at (732) 556-0240, Fax (732) 556-0246 or by Email lindap@lindapiff.com

**Name: Profession:**

**Firm: Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_**

**Phone:**

**Fax:**

**Are you currently a member of a Collaborative Law Group?**

**YES NO (circle one)**

**If yes, what is the name of the group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have had the following training (check all that apply)**

**Mediation Training \_\_\_\_**

**Collaborative Law Training \_\_\_\_**

**If you are planning to attend, please register as soon as possible. Only 35 registrants will be accepted.**

**Cancellation Policy**

**If you cannot attend, please notify Practical Collaborative Solutions in writing up to 48 hours before the program to be eligible for a refund (less a $25.00 processing fee) or you can use your payment as a credit towards the course on a different date.**

**Hardship and Scholarship Policy**

**If you are an attorney in good standing earning less than $30,000 annually, have a genuine financial hardship or are a law student and would like to apply for a discount or scholarship, please submit your request 2 weeks in advance of the training. Also please provide a statement explaining your circumstance, information regarding your income as well as the reason you want to attend the program. You will be notified as to whether your request has been approved.**

*I hereby authorize Practical Collaborative Solutions, LLC to charge payment of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*on my credit card in the name of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Account number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Security Code #\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\*Visa & MasterCard – 3 digit number on back of card*

*American Express – 4 digit number on front of card*