



2010 NEW DIRECTORS' TRAINING SERIES

With new topics to cover and centers to visit!



The workshop series is a four-part training course designed for both New Directors (less than two years as a director) as well as those seasoned in the field. It provides a roadmap to navigate the challenges and opportunities you face as a professional in Aging Services in NYC.

Topics to be covered:

- Innovative ways to “*Create the Ideal Senior Center*”.
- How to diversify services and programming for your center and different populations.
- Creative ways to market your center and attract new seniors.
- Team building and personal/professional development.
- Roles and responsibilities of Staff, Volunteers, Advisory Councils, Clients, Board and DFTA.
- Fiscal basics such as budgets, cost allocation, and audits.

Dates: Wednesday, October 6, 2010, Part I
 Wednesday, October 13, 2010, Part II
 Wednesday, October 20, 2010 Part III
 Wednesday, October 27, 2010 Part IV

Location: CSCS Offices + visit to senior center site

Time: 9:30 a.m. – 4:00 p.m.



Benefits include:

- *Opportunities to connect and network with your peers in the field.*
- *Use of the CSCS New Directors' Listserv to post questions, discuss issues and get feedback.*
- *New Directors will receive a Certificate of Completion at CSCS' Annual Meeting in December.*

Workshops are available to CSCS members at a discounted price of \$25.00, with dues paid in full at time of registration. If your organization has not renewed its dues for this year, attendance will be permitted only if accompanied by dues payment.

Please use this form to register for the workshop. Use photocopies of this page for additional people. Fax form to CSCS at 212-398-8398. **THERE IS A \$10 FEE FOR FAILING TO ATTEND AFTER SUBMITTING A SPACE RESERVATION WITHOUT A NOTICE 24 HRS BEFORE TRAINING.**

Name: _____ Title: _____

Please check the workshops you will attend: Part I _____ Part II _____ Part III _____ Part IV _____

Organization: _____ Program: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email Address: _____