

IPD INSTITUTE FOR PROFESSIONAL DEVELOPMENT

AVOIDING LIABILITY FOR SEXUAL HARASSMENT

MARCH 16, 2018 - NJ LAW CENTER, NEW BRUNSWICK, NJ

Approved by DCA - CMFO, CCFO, CPWM, CTC, RMC, QPA 4 CEU's - 4 Ethics

Approved for 4 CPE's for CPA, RMA PA - Management

9:00am - 9:30 am Registration, Full Breakfast Buffet-9:30am - 12:50pm Seminar Timetable

Remedy the Situation

These steps include having the following measures in place:

- (1) Formal Policies Prohibiting Harassment in the Workplace;
- (2) Complaint Structures for Employees' Use, Both Formal and Informal in Nature;
- (3) Anti-Harassment Training, which must be Mandatory for Supervisors and Managers, and Must be Available to All Employees of the Organization;
- (4) The Existence of Effective Monitoring Mechanisms to Check the Trustworthiness of the Policies and Complaint Structures; and
- (5) An Unequivocal Commitment from the Highest Levels that Harassment Will Not be Tolerated. By Consistently Adhering to the Above Guidelines and Responding Promptly and Effectively to Claims of Harassment, Employers will be Able to Dramatically Reduce Their Exposure to Liability for Allegations of Sexual Harassment.

SPEAKERS: Ms. Linda J. Posluszny, Esquire, Mr. Eric Guglielmotti, Esquire, and Joe Toris, Esquire of the Firm Jackson Lewis P.C., Morristown, NJ

Always check our web site the day before the Seminar to make sure Seminar is Scheduled!

Directions on our web site - "<http://ipd2.com>"

TO ASSURE PROPER POSTING, PLEASE ATTACH A COPY OF THIS APPLICATION WITH YOUR PAYMENT

Mail Checks to: Institute For Professional Development, PO Box 1468 Clifton, NJ 07015 (973)-777-4200

_____ I wish to register for the March 16, 2018 Sexual Harassment Seminar

No One Will Be Permitted Without Purchase Order or Payment By Day of Seminar P.O. # _____

FAX YOUR REGISTRATION FORM TO (973)-777-0401

Cancellation Policy - 48 Hrs in advance of seminar, in writing During inclement Weather, Call day before*

SEMINAR INCLUDES HOT BUFFET BREAKFAST \$ 99.00 per person Registration At Door \$ 125.00

NAME _____ TITLE _____

ADDRESS _____

Organization or Government Unit Telephone Number Fax Number

CLAIMANTS CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalty of the law That the within bill is correct in all particulars, the articles Have been furnished or services rendered as stated herein, that no bonus has been given or received by any person or persons within knowledge of this claimant in connection with the above Claim and that the amount charged is a reasonable one.

Michael F. Conti

Michael F. Conti, Program Coordinator

P.O. Box 1468, Clifton, NJ 07015-1468 (973)-777-4200 - FAX (973) 777-0401

Just mail your check with this application form you do not need to send your Voucher for a separate signature since the presigned certification on the left can be attached to your Voucher in lieu of sending it to us for a signature. This form has been determined by DLGS to meet the requirement of the statutes for this type of expenditure.