

Worker's Compensation and Harassment Training: Soup to Nuts from Investigation to Resolution

October 29, 2018 – 10 AM to 5 PM Hotel Indigo Harrisburg 765 Eisenhower Blvd, Harrisburg, PA 17111

The training will focus on two separate types of claims that are more and more common in the public transit industry. The program will focus on the unique aspects of each type of situation and how an investigation should occur for each discipline. The class will also focus on litigation aspects of each of the two potential areas of the law and how staff and employees can better prepare for a strong defense if claims should arise. During the harassment presentation we will look at policy implementation and ensuring your drivers and staff have the tools they need to prevent claims from reaching litigation.

Presented by: Jill Nagy, Summers Nagy Law Offices

Cost: \$75. PPTA <u>cancellation policy</u> applies.

Lodging: Hotel Indigo Harrisburg (765 Eisenhower Blvd, Harrisburg, PA 17111)
Room block is available for the nights of October 28 & 29, 2018 at the government rate of \$110/night plus taxes. Click here to book online or call 717-558-7676 (ask for PPTA block). Rooms will be released on October 16 (or when sold out). **Note that rooms cancelled less than 3 days prior to arrival will incur a 1-night charge.**

Parking: Free, on-site parking is available at the Hotel Indigo.

Meals: Breakfast, lunch, and breaks will be provided. Please inform Sara Bowden at <u>sara@ppta.net</u> of any dietary restrictions at least one week in advance.

Attire: Casual. Because it can be a challenge to keep the meeting room at a temperature that accommodates everyone, we recommend bringing a sweater or jacket to stay comfortable.

Maximum Class Size: 25

Attendee Registration:		
Submit to Sara Bowden, PennTRAIN Program Coordinator		
Email: sara@ppta.net Fax: 717-234-71	76	Mail: 600 N 3 rd Street, 4 th Floor, Harrisburg, PA 17101
Organization Name		
Attendee Name		Attendee Title
Attanda - Frasil Address		Attained a Dhaire Number
Attendee Email Address	4	Attendee Phone Number
Organization Contact Name:		Organization Contact Email Address:
Organization Contact Name:		Organization Contact Email Address:
Method of Payment:	0.0	
☐ Check enclosed #	OR	□ Please invoice me