



# CHICAGO Supervisory Skills

CERTIFICATION PROGRAM

June 6 & 7, 2024 | NIU Naperville Conference Center  
1120 E Diehl Rd, Naperville, IL 60563

## Program Format & Objectives

Twelve interactive classroom hours. A “no nonsense” behavior-changing curriculum.

**Focus:** Core principles and practical skills easily incorporated into “Your Daily Routine.”

## Curriculum Highlights *June 6 & 7, 8am - 4pm daily*

- Core Supervisory Skills
- Team Accountability
- Difficult Conversations
- Defining Expectations & Limits
- Developing Trust
- Employee Engagement
- Collaborative Leadership
- Managing Difficult Employees
- Transitioning from “The Front Line” to Leadership
- Team Vision & Unity



## Program Facilitator

**Wallace G. Long III, CEO, Founding Partner of Continuing Education Productions**

Nationally recognized “Master Trainer,” corporate consultant and coach. Thirty years of experience working with teams in settings including manufacturing, defense contracting, health care, nonprofits and government sectors.

## Registration & Payment Options

**\$945 per individual**

1. Register online: [cepnetwork.com](http://cepnetwork.com)
2. Pay by check, mail completed form to: Continuing Education Productions  
PO Box 110, Westmont, IL 60559
3. Email form to: [lesliea@cepnetwork.com](mailto:lesliea@cepnetwork.com)

For help, contact **Leslie Abrahamson, Program Director:**  
630-234-0164 | [lesliea@cepnetwork.com](mailto:lesliea@cepnetwork.com)

**“In-House” Option:** Call 630-234-0164 for more info

**Purchase Orders Accepted**

Make checks payable to: Continuing Education Productions, Inc. **Tax ID: 64-0844253**

## Participant Information

*Please include additional participant names on a separate attachment*

Participant Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Payment Information

Credit Card #: \_\_\_\_\_ Card Holder Name: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ CVV/Security Code: \_\_\_\_\_  
 Card Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Card Holder Signature: \_\_\_\_\_