PAMA PROFESSIONAL ASSOCIATION OF MANAGING AGENTS

SPONSORED BY SPABC Strata Property Agents of British Columbia

Taking Care of YOU in the Middle of It All

7 Lessons to Improve Your Relationship with Stress

Today, there is a paradox when it comes to success. Success brings so much to an organization in a positive way, however, it can also negatively impact employees. As a business grows, employees are faced with more responsibilities, competitive pressures, more to manage, and increased costs to name a few. What happens to the mental and physical wellness of employees when this strategy is taken? It can cause increased stress levels, more absenteeism, conflict among staff and extended leaves of absence.

Whether you are in professional services, leadership, sales, customer service or in an administrative role, the ability to improve how you handle conflict, stress and pressure impacts your ability to succeed in your profession.

This workshop is designed for individuals seeking to improve their relationship with the stresses they face, change ineffective behaviours, shift their relationship with failures and take steps to learn how to deal with stress before it gets overwhelming.

Participants will be given an opportunity to complete exercises focused on improvements that can be made to their current situation.

When: January 16, 2019

Where:

Italian Cultural Centre
3075 Slocan St.
Vancouver

Fees (+ GST):

PAMA Members **$70.00**
Non Members **$100.00**

Speakers:

Aaron Solly

Schedule:

10:30 - 11:00 am	Registration
11:00 - 12:30 pm	Seminar
12:30 - 1 pm	Light Lunch

How to register:

On-line at
www.pama.ca

Fax/email us this Form at 604 267 0479 or events@pama.ca

Mail the cheque at
340-2025 West 42nd Ave
Vancouver, BC V6M 2B5

Aaron Solly
Engage Coaching Group

Aaron has 22 years of experience in the corporate world and is an Amazon Best Selling Author for "Engage, Connect, Grow." He is a Certified Coach Practitioner with the Certified Coaches Federation and a Registered Therapeutic Counsellor with the Association of Cooperative Counselling Therapists of Canada.

Registration Form

First Name	Last Name	Company	E-mail Address	Phone Number

Payment

Visa ☐ MasterCard ☐ Expiry Date: ____ / ____

Cardholder Name