

Professional Development



Cooperating School Districts



8225 Florissant Road
St. Louis, MO 63121

(314) 692-9730
(314) 692-9700/Fax
(800) 835-8282

visit at www.csd.org
e-mail: kvaughan@csd.org

.All About YOU! The DISC Personality Inventory

Successful People:

- Understand themselves and how their behavior affects others*
- Understand their reactions to other people*
- Know how to maximize on that they do well*
- Have a positive attitude about themselves*
- Know how to adapt their behavior*

Do you want to learn more about the person you are at work vs. the person you are at home? You'll have fun learning more about yourself and return to work with a knowledge that you can use immediately. You can do this by taking a personality inventory called DISC and Sandra Blanco, Ph.D, will guide you every step of the way. Sandy will assist you in discovering your behavioral strengths and limitations in the workplace. You will learn how your behavior impacts your effectiveness and explore ways to adapt (not change) behavior in working with others in order to improve communication skills. You will also learn to value the differences in others! Dr. Blanco is the Associate Director of the St. Louis Regional Professional Development Center.

Dates: Tuesday, November 10, 2009 **OR** Wednesday, February 17, 2010

Time: 4:00 P.M. - 6:30 P.M.

Location: Cooperating School Districts/Regional Professional Development Center
8225 Florissant Road, St. Louis, MO 63121

Cost: \$45 CSD members; \$56 for non-members per session.

Payment must accompany registration.

Reference No.: 04031-09A -November 10th **or** 04031-09B February 17th

To register online go to- <http://seminars.csd.org:8080/default.a4d?courseid=04031-00>

Registration

Deadline: November 3, 2009 and February 3, 2010

For more information please contact Karen Vaughan, 314-692-9730, kvaughan@csd.org, fax 314-692-9700. Please visit csd.org to sign up for the E newsletter and to see the professional development calendar.

NOTE: Participants who cancel after the registration deadline will be subject to a cancellation fee. "No shows" will be charged in full.

Please register me for (Name of Workshop)		(on)	(Reference #)	
Name			Mr/Ms/Mrs/Dr	
Home Address		City	State	Zip
School	District	Grade Level(s)	Specialty/Subject(s)	Educational Role
School Phone	Home Phone	Email Address		Fax Number

Payment (check one) Check enclosed Purchase order enclosed Please bill my district

Please copy this form for additional participants.

Mail or Fax to CSD, Attn: Registrar, 8225 Florissant Road, St. Louis, MO 63121 • kvaughan@csd.org or fax to (314) 692-9700/Fax.