

Join us virtually for  
**Joyful Times**  
**STRESSFUL** Times

Getting Through the Holidays Without Burnout

Featuring Stella Nicholson, CAADC, CODP I

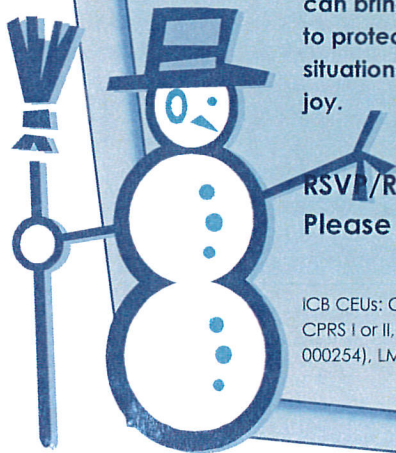


November 16, 2023, 3 p.m. to 4 p.m.

The holidays can be difficult times for counselors and their clients. Families can bring out the best or the worst in each other. Participants will learn skills to protect not only their clients but also themselves from chaos in stressful situations. The task this holiday season is to avoid burnout and experience joy.

RSVP/Register by emailing [info@iaodapca.org](mailto:info@iaodapca.org) \$25 for 1 CEU  
Please see attached for the registration form.

ICB CEUs: Counselor II, Preventionist II, CARS II, CODP I or II, PCGC II, CCJP II, CAAP II, CRSS I or II, CPRS I or II, MAATP II, CFPP II, CVSS II. ICB is a licensed CEU provider through IDFPR for LCSWs (159-000254), LMFTs (168-000113), LCPCs and LPCs (197-000010).





Joyful Times

STRESSFUL Times: Getting Through the Holidays Without Burnout  
Registration Form

Instructions

- Registrations must be received by November 9, 2023.
- Email completed registrations (preferred method) to [info@iaodapca.org](mailto:info@iaodapca.org)
- Registrations are NON-REFUNDABLE

☐ Check if new address

PRINT LEGIBLY

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Agency name if applicable \_\_\_\_\_

please limit to 25 characters, including spaces (abbreviate if necessary)

Address (home address only) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address (Required) \_\_\_\_\_

Work Telephone ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_

ICB Certification # \_\_\_\_\_ Certification Level \_\_\_\_\_

ICB Registration # \_\_\_\_\_ Board Registered Level \_\_\_\_\_

(CODP, RDDP, MAATP)

Email is the preferred method of registration

Email: [info@iaodapca.org](mailto:info@iaodapca.org)

If mailing a check, checks must be postmarked by November 9, 2023

MAIL CHECKS TO:

ICB, Inc  
401 E. Sangamon Avenue  
Springfield, IL 62702

I WISH TO PAY BY: { } Check { } Credit Card (VISA & MasterCard ONLY)

Please note, a 3.75% transaction fee for those using credit/debit cards will be charged.

Printed name on card \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Security Code \_\_\_\_\_

(Three-digit number on the back of the credit card.)

Amount to be charged \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_