

ATTENTION ALL AACP MEMBERS

Proudly presented by the
**Apartment Association
of Central PA**



Terri Norvell...national speaker, trainer, consultant and coach has a multitude of successes with small and large businesses, organizations, associations, and corporations, throughout the United States over the past 20 years in both up-and-down market cycles.

Terri helps property management companies and supplier organizations grow their people and profits. She's brilliant at getting people out of their own way so that they can achieve their desired results.

Testimonials...

"This is the type of day we live for in property management. Your leadership accountability session was a 12 on a scale of 1-10!" J. Scott Morrison, VP, Legacy Partners Residential

"Your session impact is really commendable. My whole team felt inspired before, during and after!" Jennifer Parratt, Regional Manager, For Rent Media

"People are still calling me 6 months later to tell the impact your session has had on their personal and professional lives." Angelica Stehling, Director of Education, Texas Apartment Association

When: April 12, from 9 AM to 4 PM (two sessions)

Session 1: 9 AM to Noon - **HIGH PERFORMANCE SELLING**

Session 2: 1 PM to 4 PM - **MOTIVATIONAL ACCOUNTABILITY**
(for Executives, Managers, and Supervisors)

Where: Best Western Premier Hotel and Conference Center, Harrisburg

Cost: Members: \$60 per session or \$80 for both sessions
Non-members: \$80 per session or \$100 for both sessions

Just a Few of Terri's Clients

Comcast
Stanford University
For Rent Magazine
Hewlett Packard
Coors Brewing Co
New Frontier Bank
RentNet
Texas Apt Assoc
United Dominion
Avalon Bay
Greystar RE Partners
Lincoln Property Co
Legacy Partners
NAA
IREM

Member Rates Extended to the Following Organizations

AAGP
DAA
MMHA
IREM

Registration Form (please print)

RSVP By April 5, 2012 Fax to 717-930-0409 or email aacp1@verizon.net

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Circle the organization your company is a member of: AACP AAGP DAA MMHA IREM

Attendee: _____ Session 1 Session 2 Both Sessions
(circle one)

Payment Options: Check Credit Card TOTAL AMOUNT DUE \$ _____

(Payment in full is due prior to the program)

Credit Card Information: Card Type: _____ Security Code: _____

Name as it appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature of card holder: _____