

COMMUNITY ACTION DRUG PREVENTION NETWORK PRESENTS...

Drugs in the Workplace: Employee Awareness Workshop

with Jason Temchin, Serenity Lane Treatment Centers



Jason Temchin
Employer Services Representative
Serenity Lane Treatment Centers

Help your employees understand the dangers of drugs in the workplace, as well as company substance abuse policies. The workshop also will cover drug-free workplace programs, including employee roles, drug testing and return to work agreements. Your employees will learn about the nature of addiction and its impact on work performance, health and personal lives.

Date: Thursday, May 28, 2009

Time: 9—11 am

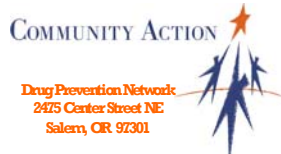
Location: Salem Area Chamber of Commerce, 1110 Commercial St. NE, Salem, OR 97310

Training sessions are open to anyone interested in learning about creating a healthy and safe workplace. Use registration form on reverse or contact Angel Davis, (503) 585-6232. Registration fees include:

- ◆ **Partners in Prevention members: FREE (first two registrations)**
- ◆ **Salem or Keizer Chamber Members: \$10 each**
- ◆ **Non-Members: \$15 each**



To apply as a Partner in Prevention, contact Denise Russell, (503) 585-6232 or russelld@mwwcaa.org. Members must attend at least one training per year to qualify for recognition as a Partner in Prevention.



Oregon Employer Drug-Free Initiative



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Trainer's Biography

Jason Temchin has worked as an Employer Services Representative for Serenity Lane since 2007. He spent over four years working at Hazelden Springbrook as a Community Relations Coordinator. His responsibilities included national conference planning, development and facilitation of Springbrook's Professionals in Residence program. Jason also provided local and regional outreach in the greater Portland area. He was an Alcohol & Drug Counselor at Hooper DeToxification Center in Portland and is a member of several professional associations, including the Employee Assistance Professionals Association and Portland Employer Drug-Free Initiative.

REGISTRATION FORM

Business _____ Date _____

Contact Name _____

Mailing Address _____

Phone Number _____ Email Address _____

Authorized Signature _____

Training Session Date(s) to be Attended: _____

Number of Attendees: _____ Payment Amount _____ Check or Cash** _____

**** Sorry. We do not have the ability to accept credit cards.**

Please list the names of employees who will be attending:

Please return to: Community Action Drug Prevention Network, 2475 Center St. NE, Salem, OR 97301