

The University of Connecticut Cooperative Extension System  
Presents



PEP

**People Empowering People Training**

**Middlesex County Cooperative Extension  
1066 Saybrook Road, Haddam, Connecticut  
(860) 345-4511 Fax (860) 345-3357**

The People Empowering People (PEP) program builds on the strength of adults and older teens with limited financial resources and connects participants to their communities. A trained facilitator recruits and interviews participants, conducts ten weekly two-hour sessions followed by bi-monthly or weekly follow-up sessions, and supports participants in community projects.

The cost for the **two day** training is \$100.00 per person. If you are currently a certified PAT Parent Educator, the fee is \$50.00. This fee includes training, the 200 page PEP manual and morning refreshments as well as the opportunity to attend the one to two technical training/support sessions conducted each year. In registering for the training, each person will attempt to support or implement the PEP program at his/her site and complete simple evaluations. Robin Drago, Parent Educator at Charter Oak Academy Family Resource Center in West Hartford and an experienced PEP facilitator, will be conducting the training.

Please send your completed registration form and check to:

Cheryl Czuba, Extension Educator - Community Development, Families  
UConn Cooperative Extension System  
1066 Saybrook Road, PO Box 70  
Haddam, CT 06438-0700

**\*For The Current Dates and Location of the Next PEP Training:  
Go To [www.pep.uconn.edu](http://www.pep.uconn.edu) Or Call Cheryl Czuba at 860-345-4511  
PEP Training Is Generally Two Days and Starts At 9:00 am Each Day**

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**\*Dates & Location:** \_\_\_\_\_

1. **Participant's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_  Home Address  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ EMail: \_\_\_\_\_

2. **Participant's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_  Home Address  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ EMail: \_\_\_\_\_