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Susan Gouveia

From: Lashway, Lisa
Sent: Wednesday, February 19, 2014 3:52 PM
To: Canning, Sean
Cc: Susan Gouveia
Subject: FW: NJCM Mayors Workshop Adds Speaker, Thursday, February 27, 2014

Correspondence

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From: New Jersey Conference of Mayors [mailto:njcm@njcm.org]
Sent: Wednesday, February 19, 2014 3:24 PM
To: Lashway, Lisa
Subject: NJCM Mayors Workshop Adds Speaker, Thursday, February 27, 2014

NJCM Workshop
Thursday, February 27, 2014
Adds Tom Neff, Director, DLGS to speaker Lineup



New Jersey Conference of Mayors
 www.njcm.org
 150 West State Street, 1st Floor, Trenton,
 NJ 08608-1105
 Phone 609-989-9216 Fax 609-989-9595
 njcm@njcm.org



WORKSHOP 2014

WORKSHOP
 2014

Workshop # 1 - Mayor's Primer

Summary: This workshop will focus on managing scarce resources and employing "Best Practices" in this difficult environment.

This workshop will focus on managing scarce resources and employing "Best Practices" in this continued difficult environment. This is a tough time to be a Mayor and managing your municipality while providing vision and leadership is more difficult than ever! The economy has our businesses struggling. Vacant housing and unemployment is affecting our tax collections.

This is a must attend session for newly elected Mayors as well as seasoned incumbents because times are not what they used to be!!

Guest Speakers:

- **Bowman & Company, LLP** (Budget Preparation)
- **PNC Bank** (Grants, Bonding, Special Financing)
- **Thomas Neff, Director DLGS**
- **Property Pilot.** (The latest software to help manage your operations)
- **MGR Mgt. & Gov't Resources** ("Outside the Box" Revenue & Resources)

Date: Thursday, February 27th 2014
Time: 9 am to Noon
Location: State House (Trenton)
 125 W.State Street, Trenton NJ (Tentative)
Registration Fee: \$85 (members) - \$75 (Non-members) **Lunch Included**

Complete registration form & fax to NJCM 609-989-9595

Please forward voucher or check made payable to:

NJCM 150 West State Street, 1st Floor, Trenton, NJ, 08608-1105

NAME: _____ TITLE: _____

MUNICIPALITY: _____ # ATTENDING _____

PHONE: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____ TOTAL \$: _____

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