



# PHOEBE NEEDLES CENTER, INC.

732 Turners Creek Road  
Callaway, Virginia 24067-5814  
(540)-483-1518  
PNCenter@gmail.com  
www.PhoebeNeedles.org

## "THE POWER OF YOUR INFLUENCE"

February 9<sup>th</sup>, 2021 10:00 a.m. to 12:00 p.m.



Anthony Swann, M.Ed will present "The Power of Your Influence."

Many times in life we as individuals fail to realize how powerful we really are. Our actions, our words, and even our presence in a room have the ability to change an atmosphere. Sit attentively as the 2021 Virginia Teacher of the Year explains the power of your influence.

Anthony Swann is a native of Danville, Virginia. He attended Averett University and earned a Bachelor of Science in Elementary Education in 2007. Later on, he attended Regent University and earned a Master of Education in Educational Leadership in 2014. He currently resides in Vinton, Virginia. This is his 14<sup>th</sup> year in education, which he absolutely loves! He has had the privilege of teaching every elementary grade except Kindergarten. He sees himself as a teacher and server of children. He goes above and beyond to meet the needs of individuals that lack knowledge, skills, and/or abilities to be successful in life. Thus, he has dedicated his life to helping educate children. He is the 2021 Franklin County Teacher of the Year, the 2021 Region 6 Virginia Teacher of the Year, and the 2021 Virginia Teacher of the year.

*Please join us for a great program, fellowship, and invite a friend!*

### INFORMATION AT A GLANCE...

To make a reservation, please return the form at the bottom of the page, call the office at (540)-483-1518, or email PNCenter@gmail.com. Please make your reservations the Friday before the event. If you have questions about how to access Zoom, please call (540)-483-1518. **Check in on Zoom is at 9:45 a.m.** For more information, visit our website, phoebeneedles.org.

**"THE POWER OF YOUR INFLUENCE"**

There is **NO CHARGE** for this event!

**February 9<sup>th</sup>**

(To register, please complete this form and return it to the Center by February 5<sup>th</sup>)

Name \_\_\_\_\_ Spouse/Guest \_\_\_\_\_  
(Please include the Rev., Dr., Mr., Mrs., Ms., Miss)

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

Daytime Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Unless otherwise informed, Phoebe Needles Center, Inc. will consider your registration as permission to use your photograph if it appears in video or still photos including our web site unless otherwise requested.